CONFERENCE NUMBER

JOURNAL

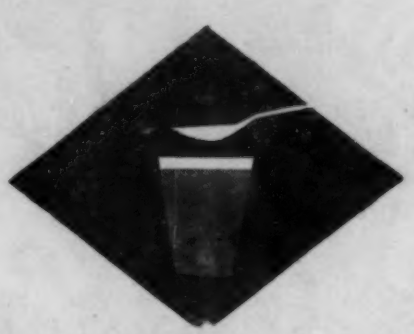
of the

INDIAN MEDICAL ASSOCIATION

VOLUME 34 NUMBER 6 CALCUTTA MARCH 16, 1960

Published twice a month. Annual Subscription: Inland Rs. 24/-; Foreign Rs. 30/- Single copy: Inland Re. 1/-; Foreign Rs. 1.25

restores physiological activities of liver and gall bladder



COLIBIL promotes biliary secretion to free the flow of "truly 'thin' bile". It regenerates liver cells and is useful in a wide variety of hepato-biliary disorders.

Each 30 c.c. of COLIBIL contains:

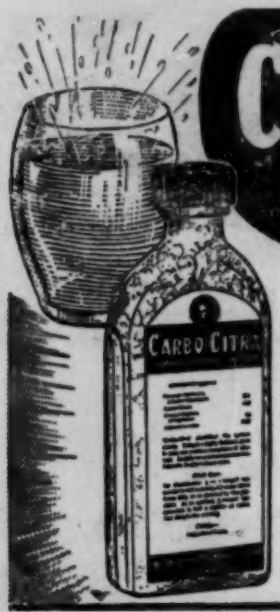
Choline Chloride	...	1.50 Gms.
Desiccated Whole Bile		0.15 Gm.
Dehydrocholic Acid	...	0.10 Gm.
Proteolysed Liver Ext. from	...	7.5 Gms. of fresh liver
Autolysed Yeast Ext.	...	0.5 Gm.
In a base containing:		
Bitter Stomachic Principles & Cholagogues	...	q.s.
Alcohol	...	11.5% v/v

Supplied in 60 c.c., 120 c.c. & 450 c.c. Bottles.

COLIBIL

Choline, Liver & Bile Compound

The Calcutta Chemical Co., Ltd. CALCUTTA-29



CARBO-CITRA

ALKALIZER & DIURETIC

In febrile conditions CARBO-CITRA possesses definite advantages as 'Fever mixture' to maintain the alkali reserves of the body.

Since CARBO-CITRA acts as a diuretic, it is employed to diminish irritation of genito-urinary tract due to excessively acid-urine.

CARBO-CITRA is a palatable antacid which reduces gastric hyperacidity partly by nutralization and partly by buffering of acid.

Ask your chemists for it.

THE CALCUTTA CHEMICAL CO., LTD.

CALCUTTA-29

TABLE OF CONTENTS

	Page
XXXVI All-India Medical Conference, 1959 Indore (Madhya Pradesh)	203
Programme	205
Welcome Address—Dr. G. L. Sharma	207
Inaugural Address—Shri H. V. Pataskar	207
Presidential Address—Dr. H. N. Shivapuri	211
Scientific Sessions	223
Resolutions	227
I. M. A. Office-bearers for 1960	230
Annual Report of the Indian Medical Association, Central Office, Delhi, for the year 1958-59	231
Annual Report of the Journal Department of I. M. A. ..	253

the classical Rauwolfia preparation

BROMO RAULFIN

All Alkaloids & Resin Fraction

First introduced in the thirties of this century Bromo-Raulfin has been used on hundreds of thousands of patients in India and abroad. It has also been recognised by the Government of Great Britain for prescription under National Health Scheme. In this standardised preparation the alkaloids, resin fraction and laxative principle present in R. Serpentina are available in natural proportions.

EASTERN DRUG COMPANY LIMITED CALCUTTA-27

Eastern Drug

BR/3-137.

INDEX TO ADVERTISERS

	Page
Addco Limited	xiii
Allen & Hanburys Ltd.	vi
Alliance Trading Corporation Pvt. Ltd.	xi
Bengal Chemical & Pharm. Works Ltd.	Front Cover
British Drug Houses (India) Pvt. Ltd.	xviii
Boethringer-Knoll Private Ltd.	xi, xxx
Benger Laboratories Ltd.	xvi, xvii
British Felsol Co. Ltd.	xviii
Boots Pure Drug Co. (India) Pvt. Ltd.	xix
Bengal Immunity Co. Ltd.	xxix
Burroughs Wellcome & Co. (India) Private Limited.	xxxvii
British Overseas Airways Corpn.	xiv
Calcutta Chemical Co. Ltd.	2nd. cover
Central Camera Co. Private Ltd.	iv
Crookes Laboratories Ltd.	xxxii
Ciba Pharma. Ltd.	xxxvi
Cipla Limited	xliii
Chemo-Pharm Laboratories Ltd.	xlvi
Essem & Co.	3rd cover
Eastern Drug Co. Ltd.	ii
East India Pharmaceutical Works Ltd.	xxii
Emedia Export Co. m.b.H.	xxiii
Franco-Indian Pharm. Private Ltd.	vii, xiii, xxi, xxxv
Geoffrey Manners & Co. Pvt. Ltd	xiv, xxiv
Glaxo Laboratories (India) Pvt. Ltd	xii
Hoechst Pharmaceuticals Private Ltd.	xxv
Himalaya Drug Co.	xi
Hind Thermometers	xlvii
Ilford-Selo (India) Private Ltd.	xxviii
Indian Oxygen Ltd.	xxxi
I. M. A. Central Office	Back Cover
J & J DeChane	xlvii
John Wyeth & Brother Ltd.	xlviii
Kemp & Co. Ltd.	xv
Lederle Laboratories (India) Pvt. Ltd.	xxvii
May & Baker (India) Private Ltd.	3rd cover
Madras Law Journal Office	xlvi
Mercury Pharm. Industries	xxxviii
Mendine Pharmaceutical Works	xiv
Neo-Pharma Private Ltd.	i, v
Nestle's Products (India) Ltd.	viii
Philips India Limited	xii
Phytosynth Laboratories	xiv
Rallis India Ltd.	xx
Raptakos, Brett & Co. Private Ltd.	xxxix
Ranbaxy & Co. Private Ltd.	xiii
Sandoz Products Private Ltd.	xxvi
Sukrid Geigy Trading Private Ltd.	xxvii
Sanitex Chemical Industries Ltd.	xxxix
Smith Stanistreet & Co. Ltd.	xliv
Unichem Laboratories	xxxii
Usan Laboratories Private Ltd.	xxxviii
Universal Drug House Private Ltd.	xlvii
V. M. Jani	xlvii

JOURNAL OF THE INDIAN MEDICAL ASSOCIATION

EDITORIAL NOTICE

All contributions for publication and correspondence should be sent to the Editor, Journal of the Indian Medical Association, 23, Samavaya Mansions, Corporation Place, Calcutta—13. The Journal is published on the first and the sixteenth of every month.

Articles are accepted for publication on condition that they are contributed solely to the Journal of the Indian Medical Association. Manuscripts for articles, case notes etc. must be type-written, double-spaced, on one side only of foolscape or quarto paper. Only original type-scripts (not carbon copies) together with a carbon copy will be considered for publication. Graphs, charts, diagrams or pen drawings must be drawn in Indian ink on white drawing paper. Blue or coloured inks cannot be reproduced. Only a reasonable number of half-tone illustrations and zinc etchings will be reproduced, free of cost. Photographs not suitable for half-tone work will not be reproduced.

In the selection of papers and in regard to priority of publication, the opinion of the Editor and the Editorial Board will be final. The Editor and the Editorial Board Board shall have the right to edit, condense, alter, re-arrange or re-write approved articles, case notes and other communications before publication, without, reference to the authors concerned. The Editor and the publisher will not be responsible for the views and statements of authors of articles and other communications. Manuscripts not accepted for publication will not be returned to the authors unless the necessary postage is supplied by them.

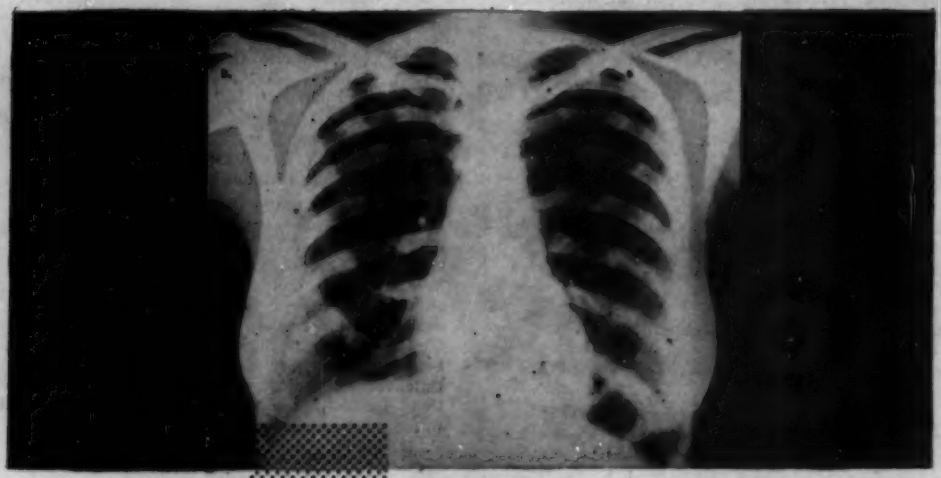
References—References to authors in the body of the papers should contain the name of the author, with the year of publication mentioned within bracket. For the list of references at the end of the communications, the system followed by the Cumulative Index Medicus should be adopted. This requires the following in the order mentioned: surname and initials of author, name of periodical with its volume number, the page number the year of publication. The volume number should be underlined as follows:—21: 279, 1952. The references should be arranged according to alphabetical order of the surname of the authors. In case of references from books, name of author, title of book, edition, name of the publisher and place and year of publication should be furnished.

Reprints—Ordinarily, 25 copies of reprints of articles and case notes (not correspondence etc.) published shall be supplied, free of charge, to the authors. Additional reprints may be obtained, at cost, if a request for the same be made when sending the article.

Reviews—As the space in this journal allotted for reviewing books and periodicals is limited, the publishers, authors and editors are informed that these can be reviewed according to their merits and space at disposal. Books and periodicals, for review, should be sent in duplicate, to the Editor.

Matters appearing in this journal are covered by copyright, but no objection will be made to its reproduction in reputed journals if permission is obtained from the Editor prior to publication and if due acknowledgement is made.

"Who says it's cancer?"



Diagnosing diseases is not guesswork. The final word rests with the Radiograph and the expert doctor who examines it. But it's the Radiograph that carries the tell-tale signs. The rest of the diagnosis is a matter of interpretation.
Correctly to reflect the inside story of the disease, Deko X-Ray Films are produced with the greatest care and after considerable research. They are ensured to meet the most rigorous demands of the medical profession and X-Ray institutes.

deko X-Ray Films

for unerring radiological diagnostics

Only Authorised Importers :

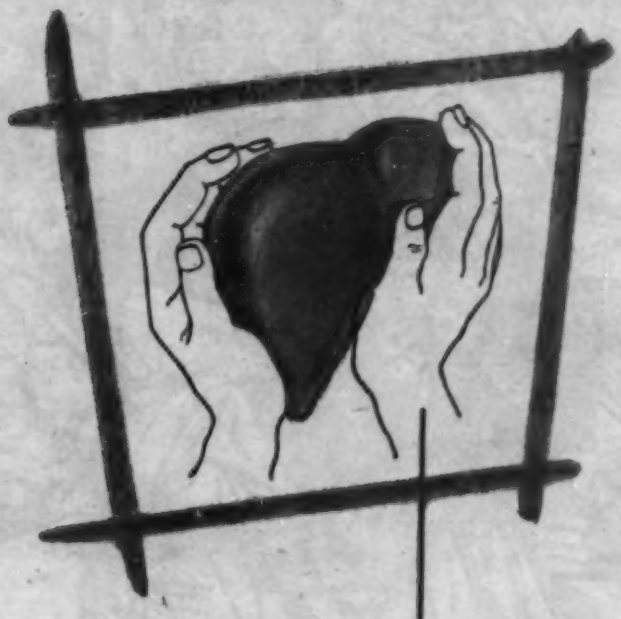
CENTRAL CAMERA COMPANY PRIVATE LTD.

195, Dr. D. Naoroji Rd. BOMBAY-1 | 448, Sandhurst Rd. BOMBAY-4 | 11, Govt. Place East CALCUTTA-1

25/4, Mount Rd. MADRAS-2

Manufactured by:
VEB FOTOCHEMISCHE WERKE
BERLIN — KOEPENICK
GERMAN DEMOCRATIC REPUBLIC

In liver disease, atheroma, etc.



Ampoules 10 c.c. - 20% d,l-methionine - for i. v. use

Forte 2·5 c.c. ampoules - d,l-methionine, choline chloride, inositol and vitamin B_{12} - for i.m. use

Tablets 0·25 g. d,l-methionine

Syrup Acetyl-methionine, choline chloride, inositol, folic acid and vitamin B_{12} in a palatable base of Laevulose.

NEO-METHIDIN*

The product of choice for total lipotropic therapy

Manufactured by

NEO-PHARMA PRIVATE LTD.
Kasturi Buildings, Churchgate Reclamation, Bombay 1

*Regd. Trade Mark

" Precisely, Mr. Baxter...

. . . that puts the matter in a nutshell. One *can* say that LENTE is the insulin of the moment . . . particularly for a new diabetic. The thing to remember, gentlemen, is that LENTE seems to have it both ways, so to speak. It gives you a rapid initial response, yet the one injection will usually control the blood sugar level adequately for up to 24 hours. This, as you will find, is a great advantage to your patient. Any other questions ? "

A.B. LENTE INSULIN

BRAND

Joint manufacturers & licencees :

ALLEN & HANBURYS LTD • BRITISH DRUG HOUSES (INDIA) PRIVATE LIMITED

Incorporated in England : Limited Liability

ROUSSEL

A double-pronged attack

soframisone
COLLYRIUM

Composition

Soframycin	1%
Hydrocortisone	1%

in isotonic suspension

Indications

Blepharitis • Conjunctivitis • Keratitis (except herpetic and tuberculous) • Iritis
Iridocyclitis • Corneal injuries
Post-operative ocular care

Dropper vials of 3 cc.

ROUSSEL

LES LABORATOIRES ROUSSEL
Laboratoires Francais de Chimiotherapie
PARIS - FRANCE
Particulars and supplies from:
FRANCO-INDIAN PHARMACEUTICALS PRIVATE LTD.
Bapnu Ghar, Hornby Vellard, Bombay 18.

ROUSSEL

Second only to mother's milk

LACTOGEN

A spray dried full cream milk modified so that on reconstitution with water it closely resembles human milk in percentage composition. Fortified by the addition of Vitamins A and D and organic iron, entirely free of pathogens and of excellent digestibility.

NESTLÉ'S PRODUCTS (INDIA) LTD.

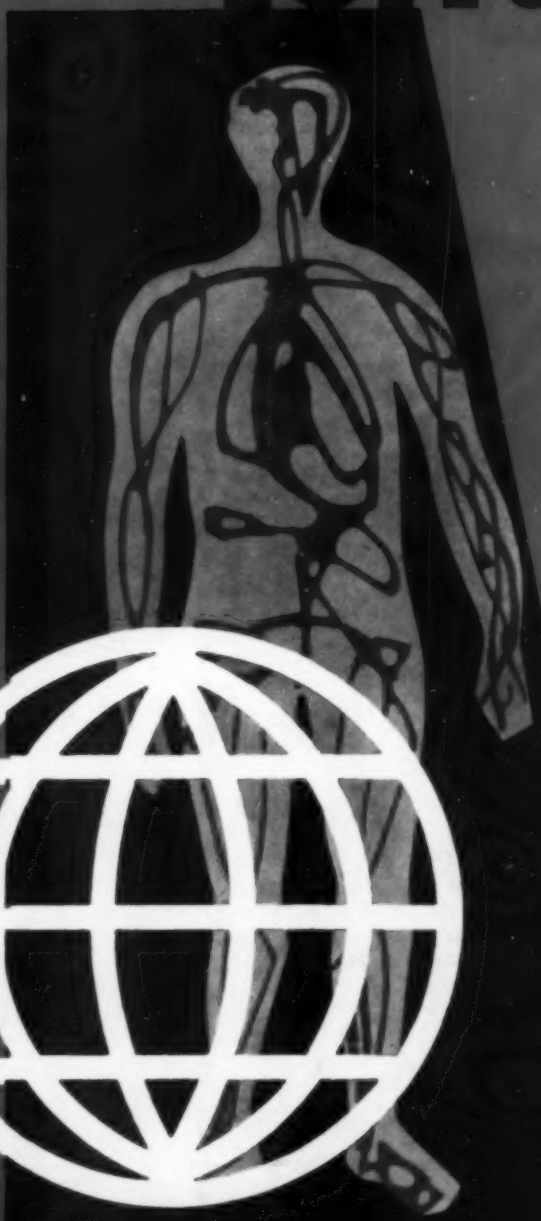
P.O. BOX 396, CALCUTTA. P.O. BOX 313, BOMBAY. P.O. BOX 180, MADRAS

LO/P/28

all over the world...in everyday practice!

Terramycin*

brand of oxytetracycline



Used by thousands of physicians, in millions of cases

Widely recognised as the most dependable, most satisfactory broad-spectrum antibiotic

Effective in:

- Respiratory Tract Infections
- Digestive Tract Infections
- Genitourinary Tract Infections
- Deep-seated and Systemic Infections
- Infections of the bones, joints, soft tissues, and the skin
- Eye and Ear Infections
- Generalised Infections

To meet all needs, Terramycin is supplied in a wide variety of dosage forms.

PFIZER EASTERN CORPORATION
New York, Panama & Brussels

Exclusive Distributors in India:

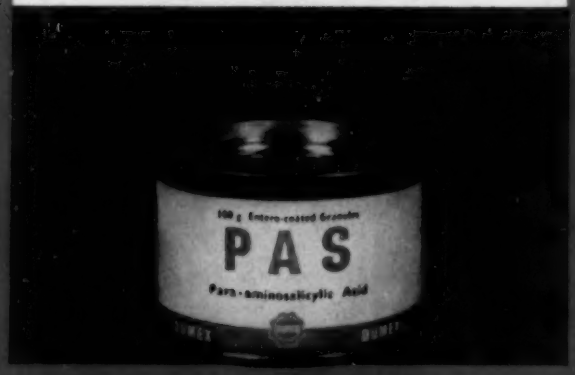
DUMEX PRIVATE LIMITED
Wavell House, Ballard Estate, Bombay 1

Pfizer

Science for the world's well-being

* Trademark of Chas. Pfizer & Co., Inc.

in the treatment of tuberculosis



offer definite advantages over other para-amino-salicylic acid preparations because:

Therapeutically PAS DUMEX is the best

as it maintains effective blood levels for prolonged periods than is achieved by sodium, calcium, or other salts. The difference is particularly marked at night, when the salts prove almost inadequate in maintaining blood levels throughout.

PAS DUMEX offers the maximum convenience.

The inconvenience of large doses is minimised — the free acid contains only active substance and so no allowance is necessary for the calcium and sodium radicals. The prolonged action of PAS DUMEX means an infrequent dosage schedule — a great contribution towards convenient administration.

PAS DUMEX is safe.

The entero-coating of these granules almost completely prevents gastrointestinal disturbances common with PAS preparations.

PAS DUMEX granules

DUMEX PAS Preparations include:
PAS DUMEX entero-coated granules
CALCIUM PAS DUMEX tablets
SODIUM PAS DUMEX granules
PASONEX DUMEX granules

DUMEX PRIVATE LIMITED
Wavell House, Ballard Estate, Bombay 1

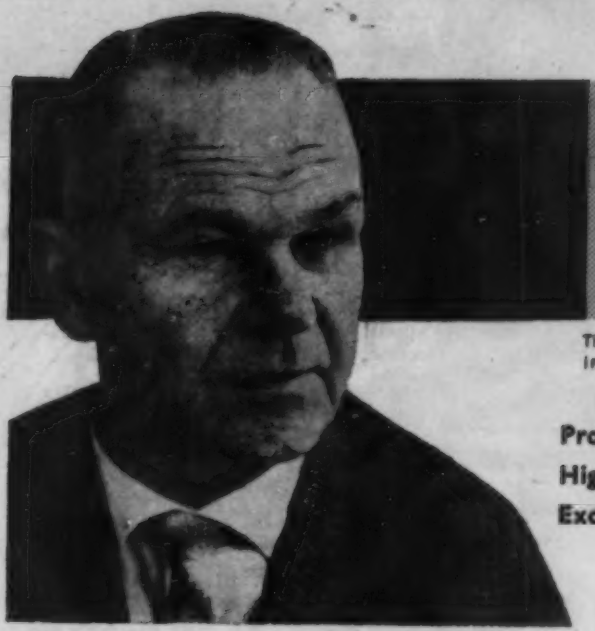
One of the millions:

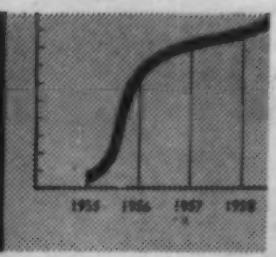
5 years of use bear testimony to the safety of oral treatment of diabetes with

100 years boehringer

Nadisan

Reg. Trade Mark





The number of Nadisan patients increases from year to year.

Prolonged effect
High degree of reliability
Excellent tolerance

DETAILS FROM

BOEHRINGER-KNOLL PRIVATE LTD.

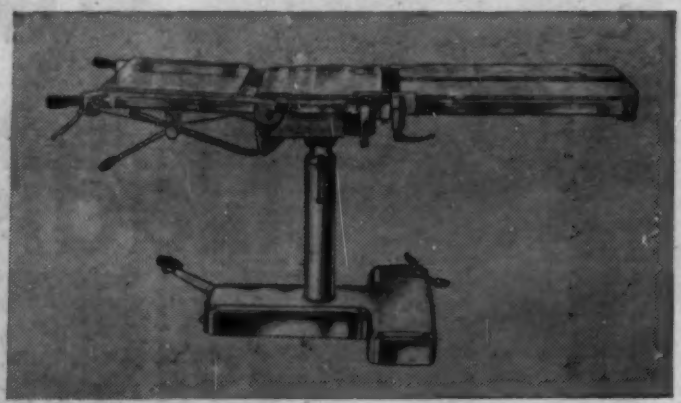
UNITED INDIA BUILDING, P. MEHTA ROAD, FORT, BOMBAY-1.

Sole Distributors: RALLIS INDIA LIMITED, Pharmaceutical Divison, P.O. Box 299, BOMBAY-1.

NEW! Table to meet all requirements of modern surgery

MAQUET VELOX

The Maquet-Velox Operating Table combines engineering excellence with the needs of modern surgery. Instantaneous adjustment by head-end controls facilitate quick and easy movement and change of operating positions. The 4-section X-Ray penetrable table top permits the taking of X-Ray photographs even during the operation: in fact, radioscopies can be performed on back rest and leg plates.



One of the many positions obtainable

In case of emergency, Trendelenburg position can be obtained quickly. Many other positions for specialised surgery can also be obtained without disturbing the patient.

For efficiency, versatility and adjustability Maquet-Velox is the most up-to-date operation table to depend upon.

A wide range of operation lights and sterilizers is at your disposal.

For further particulars write to:

PHILIPS INDIA LIMITED
7, Justice Chandra Madhab Road, Calcutta-20
Branches: Bombay • New Delhi • Madras • Patna
Lucknow • Kanpur • Bangalore

PHILIPS

PHILIPS *in the service of the medical world*

P 3714

For Instant Relief...

A NEW
and ORIGINAL approach
to the percutaneous
treatment of
pains of traumatic
and rheumatic origin

Relaxyl
OINTMENT

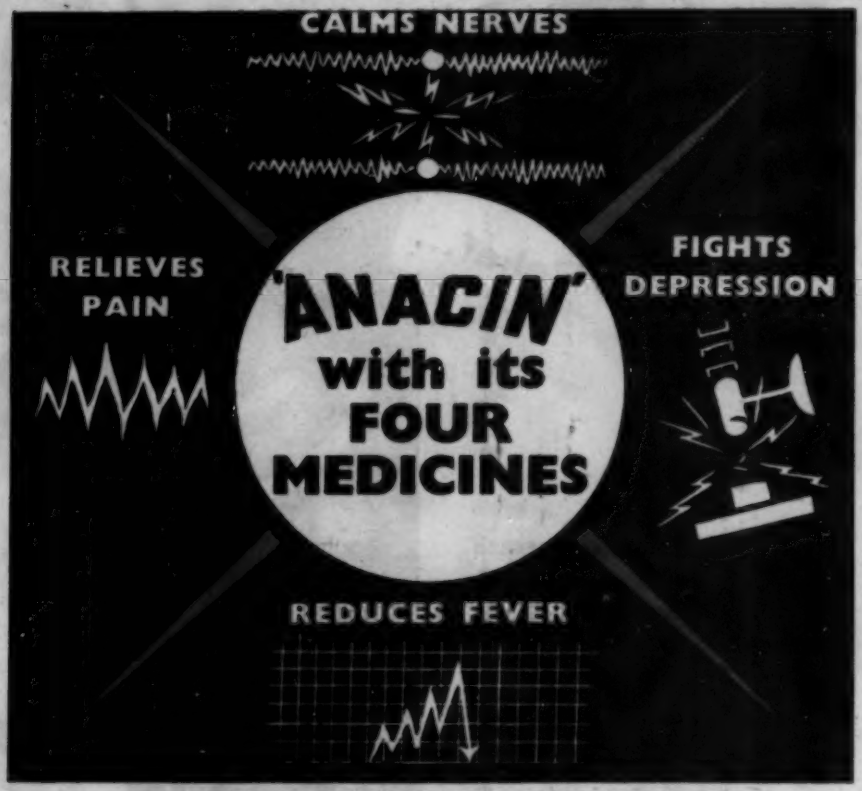
FORMULA:

Mephenesin..... 10%
Methyl Nicotinate 1%
Capsicin
in pleasantly flavoured,
non-greasy, non-staining base.

Available in tubes of 30 gms.

For particulars please write to:

FRANCO INDIAN
PHARMACEUTICALS PRIVATE LTD.
Bapnu Ghar, Hornby Vellard, Bombay 18.



'Anacin' is a non-toxic and clinically dependable analgesic and antipyretic combining Quinine, Phenacetin, Caffeine and Acetylsalicylic Acid to provide powerful synergistic action against pain, nervous tension, depression and feverishness. A single dose of 2 tablets will achieve a *prolonged* period of analgesia and impart a sense of well-being.

3 out of 4 doctors recommend the ingredients of 'ANACIN'

Composition:
Quinine ¼ gr. Phenacetin 3 gr.
Caffeine ¼ gr. Acetylsalicylic Acid 3 gr.

Made in India by:
GEOFFREY MANNERS & CO. PRIVATE LTD.
Magnet House, Dougall Road, Bombay 1.

For the Proprietors: WHITEHALL LABORATORIES, NEW YORK, N.Y., U.S.A.

U. 48

KEMPLIVITE

every capsule a miniature blood bank

KEMPLIVITE an effective and complete oral anti-anaemic preparation containing all known blood forming substances including Iron, Liver, Folic acid, Vitamin B_{12} B complex and trace elements, in every capsule for all common types of anaemia.

Irrespective of the type of anaemia Kemps offer a wide variety of Hematinics for your choice.

LIVER EXTRACT INJECTABLES - for treatment of macrocytic hyperchronic anaemias.

LIVOKEM WITH B_{12} - Liver extract fortified with Vitamin B_{12} for intensive therapy of pernicious and other macrocytic anaemias.

VITAMIN B_{12} - for treatment of macrocytic hyperchronic anaemias.

KEMPLEX WITH B_{12} - A synergistic formulation of Vitamin B_{12} with Vitamin B complex.

Kemp & Co. Ltd.

Elphin House,
88C, Old Prabhadevi Road,
Bombay 28.

1

FIRST THOUGHT IN BLOOD LOSS

Dextraven

blood volume restorer trade mark

PRESENTATION
Bottles of 500 ml. 6% dextran in 0.9% saline

PROCEDURE
Up to two pints in the prophylaxis and treatment of hypovolaemia associated with haemorrhage.

Up to six pints may be infused intermittently during the first twenty-four hours when hypovolaemia is due to plasma loss only as in burns.

The safest way to prevent hypovolaemic shock is to infuse Dextraven. It may be used under any conditions, given to any patient, and can always be immediately available.

SUSTAINED ACTION The colloid osmotic effect of Dextraven maintains blood volume for the first critical seventy-two hours until the secondary physiological compensating mechanisms take over. 80% of the dextran infused is present within the circulation after twenty-four hours, and 30% still remains at seventy-two hours.

FOR ALL PATIENTS Dextraven, clinical dextran solution, is a sterile, isotonic colloid which is compatible with all blood groups and time consuming cross-matching procedures are avoided.

COMPLETELY METABOLISED Dextran does not accumulate in the organs and tissues of the body—unlike some other plasma substitutes it is completely metabolised or excreted.

IN ANY TRANSFUSION The safety and simplicity of its use makes Dextraven the first choice for transfusion—in prophylaxis, surgery and in all emergencies.

Clinical dextran solution (DEXTRAVEN) is the only blood volume expander which satisfies all these criteria.

Dextraven BENGER LABORATORIES LIMITED Holmes Chapel · Cheshire · England BENGER

DIX/P/12 J

Distributors : MARTIN & HARRIS (PRIVATE) LTD. Calcutta, Bombay, New Delhi & Madras

2

SECOND THOUGHT IN BLOOD LOSS

Imferon

iron-dextran complex trade mark

PRESENTATION: Ampoules of 2 ml. (100 mg. Fe)

Blood loss means loss of iron. Imferon intramuscular iron is the answer to both prevention and treatment of the anaemia of iron deficiency.

RAPID ACTION Imferon rapidly makes up the haemoglobin level and replenishes body iron stores and tissue iron enzyme levels.

FULLY ABSORBED Being fully absorbed and totally utilised Imferon acts quickly—there is often a tonic effect within forty-eight hours.

PRECISION THERAPY Imferon therapy is precision therapy—the dosage can be adjusted to accurately replace iron lost through haemorrhage — and it's safe and simple to administer.

Imferon BENGER LABORATORIES LIMITED Holmes Chapel · Cheshire · England BENGER

Distributors: MARTIN & HARRIS (PRIVATE) LTD. Calcutta, Bombay, New Delhi & Madras

"I always prescribe Felsol—its action is so sure and swift."

Immediate—effective relief in

BRONCHOSPASM

The anxiety and distress of bronchospasm in asthma demands safe, instant action which inspires confidence in the patient and strengthens resistance to recurrence of attacks.
FELSOL powders combine, with ease of administration, the specific action required to relieve spasm without cumulative effect. They are entirely free from narcotic drugs. Small maintenance doses between acute attacks progressively reduce liability to spasms. FELSOL is prescribed for ASTHMA in all parts of the world to which it has been introduced.

Clinical samples and literature on request.

Clinical sample and literature on request
THE ANGLO-FRENCH DRUG COMPANY (ESTN.) LTD
24-26, TARDEO ROAD, BOMBAY, 7.

BRITISH FELSOL COMPANY LTD.,
206/212 ST. JOHN STREET, LONDON, E.C.1

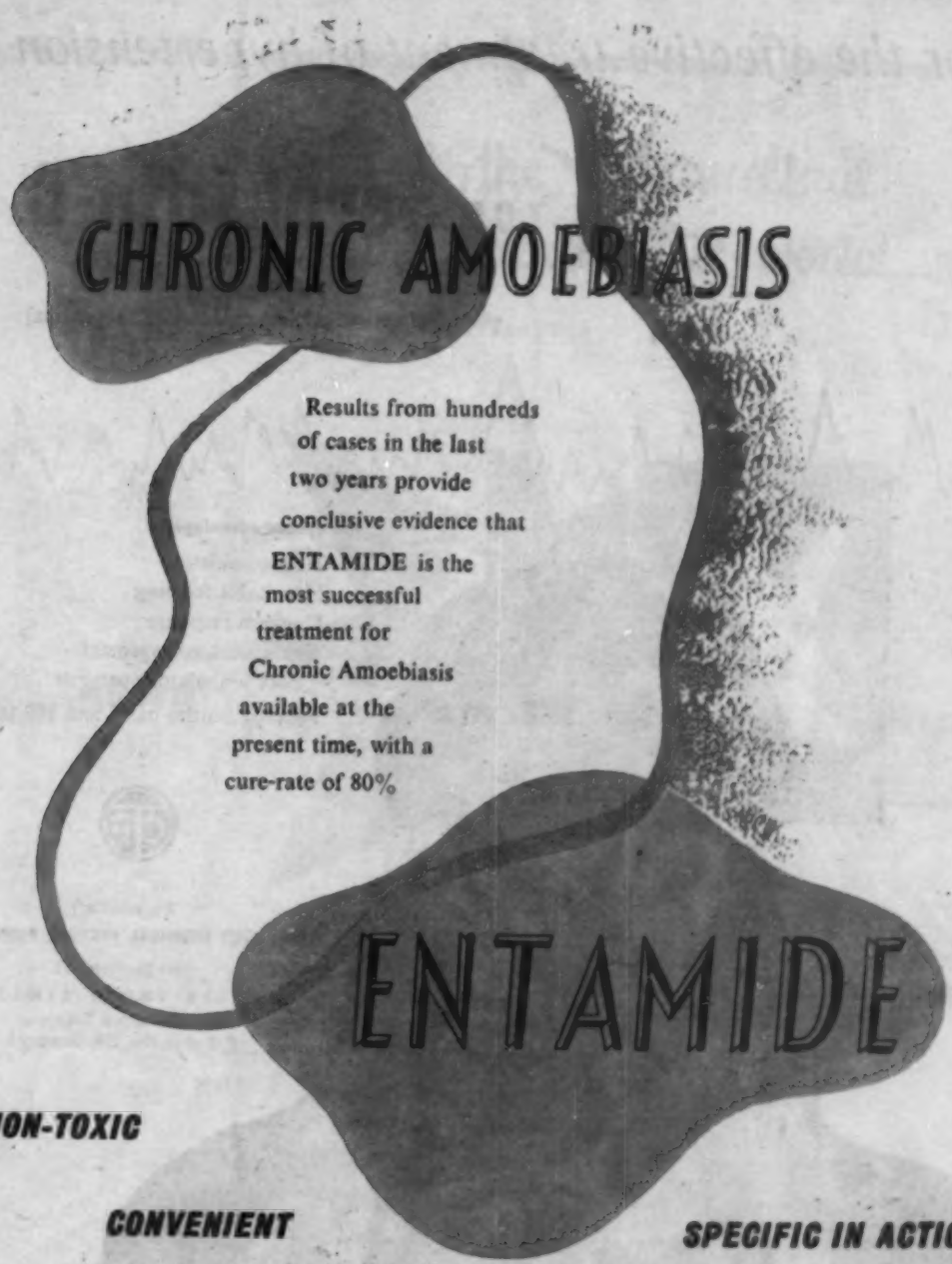
MULTIVITE FORTE for that 'extra lift'

It's Vitamin deficiency that gives you that low feeling. Vitamins are essential to life—they are vital factors in the maintenance of good health. MULTIVITE FORTE contains six vitamins plus calcium. It is ideal for restoring the appetite and supplementing the normal intake of vitamins.

Multivite Forte — Palatable Chocolate-coated tablets in bottles of 25, 100 and tins of 500.

BDH

BRITISH DRUG HOUSES (INDIA) PRIVATE LTD.
P.O. Box 1341, Bombay-1 Branches at: Calcutta • Delhi • Madras



NON-TOXIC

CONVENIENT

SPECIFIC IN ACTION

INEXPENSIVE

4 x 0.5 G. tablets per day for 10 days usually effects a cure.
Entamide is available as 0.5 G. tablets in bottles of 20.

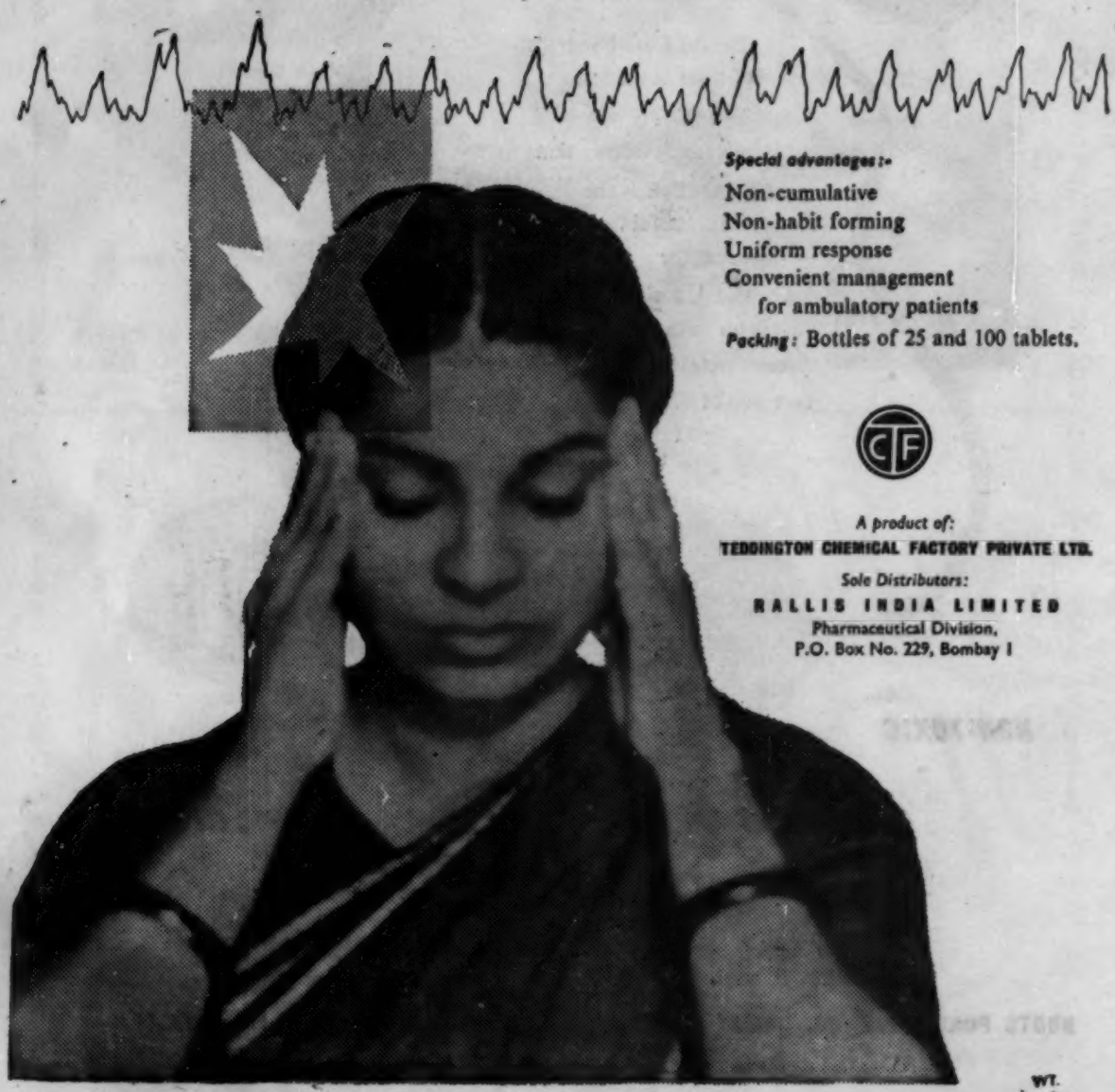
BOOTS PURE DRUG CO. (INDIA) PRIVATE LTD., 17, NICOL ROAD, BOMBAY-1.

Boots

for the effective treatment of hypertension

T.C.F. Serpirutin-C tablets

(Brand of total alkaloids of Rauwolfia Serpentina)



Special advantages:-

Non-cumulative
Non-habit forming
Uniform response
Convenient management
for ambulatory patients

Packing: Bottles of 25 and 100 tablets.

A product of:
TEDDINGTON CHEMICAL FACTORY PRIVATE LTD.

Sole Distributors:
RALLIS INDIA LIMITED
Pharmaceutical Division,
P.O. Box No. 229, Bombay 1

WT.

essential at the 4 cardinal points of the therapeutic world...

Meprophen combines meprobamate (200 mgs.) with Phenobarbitone (15 mgs.) for greater safety and economy.

It is available in vials of 25 entero-coated tablets.

It is indicated in rheumatismal conditions, premenstrual tension, anxiety states, pre-operative sedation.

Literatures and Particulars from :

FRANCO-INDIAN PHARMACEUTICALS PRIVATE LTD.

Bapnu Ghar, Hornby Vellard, BOMBAY 18.

CORTOQUINOL

SKIN OINTMENT

Iodochloroxyquinoline	...	... 4%
Hydrocortisone	...	... 1%

in 5 gm. Collapsible tubes.

ANTI - ALLERGIC, ANTI - PRURITIC, ANTI - BACTERIAL, ANTI - FUNGAL, ANTI - INFLAMMATORY.

Brings all-round improvement quickly.

★

For Checking

TROUBLESOME VOMITING

PYRIMESIN

VIT. B_6 - B_1 - C - PHENOBARBITONE

TABLETS

THE SAFEST ANTIEMETIC

For further particulars please write to:

East India Pharmaceutical Works Ltd.,

CALCUTTA—26.

Journal of the Indian Medical Association

VOLUME 34
NUMBER 6

PUBLISHED TWICE A MONTH
EDITOR—P. K. GUHA, M.B., M.R.C.S. (ENG.), D.O.M.S. (LOND.)

CALCUTTA
MARCH 16, 1960

XXXVI ALL-INDIA MEDICAL CONFERENCE, 1959, INDORE (MADHYA PRADESH)

The 36th All-India Medical Conference, under the auspices of the Indian Medical Association, opened its sessions at the M. G. M. Medical College at Indore on the 27th December 1959. The members of the Working Committee and the Central Council of the I.M.A. arrived earlier to attend the meetings of the Working Committee on the 23rd and 24th and of the Central Council on the 25th and 26th December 1959. About 1200 delegates drawn from all parts of India attended the conference.

On the 27th December at 9 A.M. the presidential procession, formed within the college campus, proceeded to the specially constructed conference pandal which was tastefully decorated. A feeling of co-operation and cordiality pervaded the whole atmosphere. *Bande Mataram* was sung in such richness of tune as was indeed inspiring. After the National Anthem, Dr. G. L. Sharma, Chairman of the Reception Committee, offered a hearty welcome to the guests and delegates in a neat and short address.

Shri H. V. Pataskar, Governor of Madhya Pradesh, inaugurated the conference. In his speech he expressed the view that a uniform medical system should be evolved for the whole of the world. Doctors in India, he added, should pay greater attention to the furtherance of research in teaching institutions as well as in research institutes.

Next, messages were read by Dr. C. M. Rangam, president of the Indore Branch, I.M.A.

The president-elect, Dr. H. N. Shivapuri, was then conducted to the presidential chair and was formally installed by Dr. C. O. Karunakaran, the retiring president of the I.M.A., with a moving speech which drew applause from all quarters.

Following this Shri D. P. Karmarkar, the Union Health Minister, addressed the gathering. Dr. Karmarkar stressed on the need of a general practitioners' college to conduct refresher courses for independent practitioners. He urged upon the conference to work out the necessary comprehensive scheme for this purpose. He assured financial and other assistance in this connection from the government. The college, he declared, should be located outside Delhi. Shri Karmarkar also said that the Indian Council of Medical Research was considering the establishment of a pathological museum in the country for the benefit of doctors working in the interior and desirous of acquiring advanced knowledge in this branch.

Dr. H. N. Shivapuri, the president of the conference and of the Indian Medical Association for the year 1959-60, then delivered his address.

A vote of thanks to the distinguished guests and delegates attending the conference was offered by Dr. B. C. Bose, Principal, M. G. M. Medical College. *Jana Gana Mana* signalled the end of the conference session for the day.

In the afternoon, Dr. K. N. Katju, the Chief Minister of Madhya Pradesh, inaugurated the Pharmaceutical Exhibition and the 3rd All-India Salon of Medical Photography. Immediately after, Rani Padmavati Devi, Health Minister, Madhya Pradesh, inaugurated the Scientific Session.

Dr. Katju in his speech drew the attention of doctors to the poor health of the villagers and called upon them to extend their services to the rural areas. The medical profession, he observed,

offered the best medium of rendering service to the people. Rani Padmavati asked the medical men of India to devise such ways and means for treatment as would suit the purse of the poor population of India. It was her dream, she said, to see that the health of the whole country was fully and properly looked after.

The Scientific Session provided an elaborate programme of symposia and lectures but the attendance, it must be noted with regret, was not sufficiently encouraging to the speakers. This was possibly due to considerable overlapping if not to other activities going on simultaneously.

In the evening, the Governor and Shrimati Pataskar were At Home to delegates. Later, there was a Seminar on Medical Education by Dr. R. V. Sathe, Dr. C. L. Jhaveri and Dr. R. K. Menda of Bombay under the presidentship of Col. Amir Chand, a past president of the I.M.A. The seminar was well attended and the discussions were highly educative and illuminating.

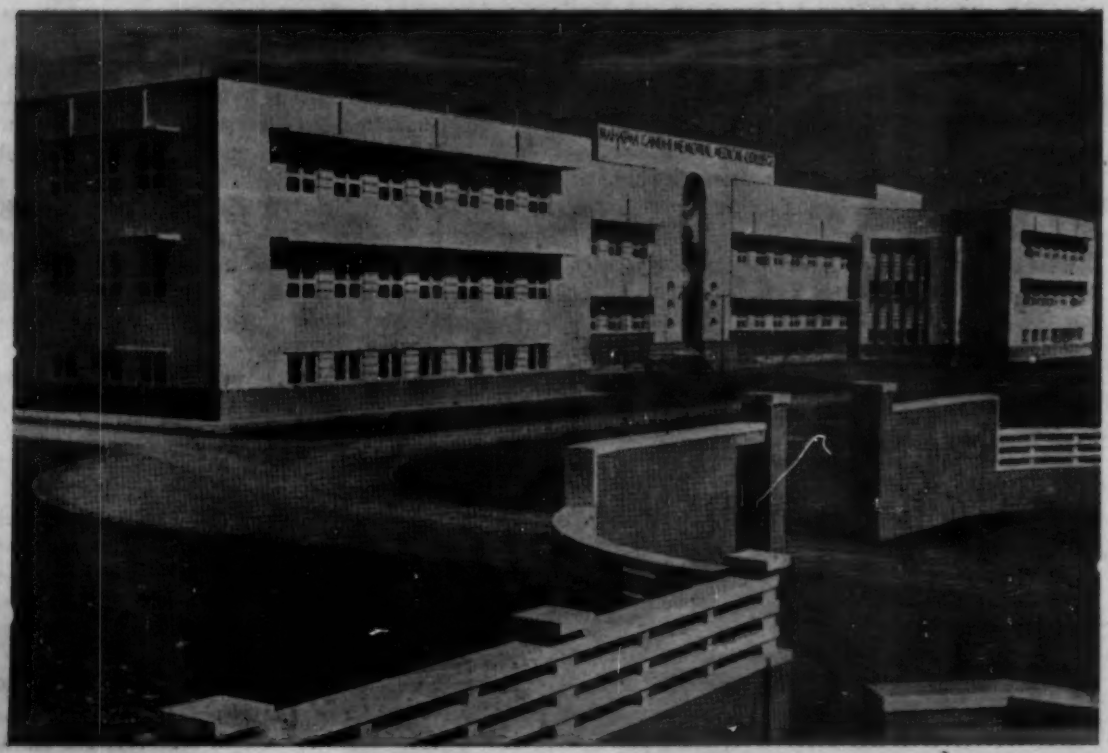
On the 28th December, the open session of the conference started at 2-30 and continued up to 4 P.M. In the evening, Dr. S. C. Sen, a past president of I.M.A., gave a talk on Chinese Medicine, which was interesting and well appreciated.

The Mayor of Indore Municipal Corporation was At Home to the delegates on the 29th December.

The medical students of the M.G.M. Medical College arranged a theatrical performance and variety entertainments. The exhibition of medical films by various firms formed a regular evening feature. Arrangements were made for sight-seeing trips to various places of interest. These were taken advantage of by a number of delegates.

The Pharmaceutical Exhibition, in which leading manufacturers participated, drew a large number of delegates and distinguished visitors including the Governor, the Chief Minister and the Health Minister of the State.

The Reception Committee took great pains in making the conference a success. The delegates from all corners of India were fairly well looked after except for minor transport difficulties which, in a place like Indore, seemed inevitable



MAHATMA GANDHI MEMORIAL MEDICAL COLLEGE, INDORE, VENUE OF THE THIRTY-SIXTH ALL-INDIA MEDICAL CONFERENCE

PROGRAMME OF THE XXXVI ALL-INDIA MEDICAL CONFERENCE INDORE, MADHYA PRADESH

The 36th session of the Indian Medical Association was held at Indore from 27th to 29th December, 1959. The Working Committee and Central Council of the Indian Medical Association met earlier and held meetings from 23rd to 26th December, 1959.

23rd December, 1959 :

9-30 A.M. to 1 P.M.	Working Committee Meeting (Preventive & Social Medicine Block).
1-00 to 2-00 P.M.	Lunch interval.
2-00 to 4-00 P.M.	Working Committee Meeting (Preventive & Social Medicine Block).
4-00 to 4-30 P.M.	Tea interval.
6-00 to 8-00 P.M.	Working Committee Meeting (Preventive & Social Medicine Block).

24th December, 1959 :

9-30 A.M. to 1 P.M.	Working Committee Meeting (Preventive & Social Medicine Block).
1-00 to 2-00 P.M.	Lunch interval.
2-00 to 4-30 P.M.	Working Committee Meeting (Preventive & Social Medicine Block).
4-30 P.M.	Tea interval.
5-00 to 8-00 P.M.	Working Committee Meeting (Preventive & Social Medicine Block).
8-00 to 9-00 P.M.	Dinner interval.
9-00 P.M. onwards	Working Committee Meeting.

25th December, 1959 :

8-00 to 9-30 A.M.	Reception and Registration of Delegates (College Campus).
9-30 A.M. to 1 P.M.	Central Council Meeting (M.G.M. Medical College Assembly Hall).
1-00 to 2-00 P.M.	Lunch interval.
2-30 to 4-30 P.M.	Central Council Meeting (M.G.M. Medical College Assembly Hall).
4-30 to 5-00 P.M.	Tea interval.
5-00 to 7-00 P.M.	Central Council Meeting (M.G.M. Medical College Assembly Hall).
7-00 to 8-00 P.M.	Film Show—Philips (India) Ltd.
8-00 to 10-00 P.M.	Dinner interval.
10-00 P.M. onwards	Central Council Meeting.

26th December, 1959 :

8-30 to 10-00 P.M.	Reception and Registration of Delegates (College Campus).
10-00 A.M. to 1 P.M.	Central Council Meeting (M.G.M. Medical College Assembly Hall).
1-00 to 2-00 P.M.	Lunch interval.
2-30 to 4-30 P.M.	Central Council Meeting (M.G.M. Medical College Assembly Hall).
4-30 to 5-30 P.M.	Tea interval.
5-30 to 7-00 P.M.	Central Council Meeting (M.G.M. Medical College Lecture Theatre).
7-00 to 8-00 P.M.	Film Show—Khandelwal Lab.
8-00 to 9-00 P.M.	Dinner interval.
9-30 P.M.	Entertainment (Assembly Hall).

27th December, 1959 :

7-00 to 9-00 A.M.	Reception and Registration of Delegates (College Campus).
9-00 A.M. to 12-30 P.M.	Inaugural Session (Conference Pandal)
	Presidential Procession
	Bande Mataram
	Welcome Address by Dr. G. L. Sharma, Chairman, Reception Committee
	Inauguration of the XXXVI All-India Medical Conference by Shri H. V. Pataskar, Rajyapal, Madhya Pradesh
	Messages read by Dr. C. M. Rangam
	Installation of the President by the retiring President, Dr. C. O. Karunakaran
	Address by Shri D. P. Karmarkar, Union Minister for Health.
	Presidential Address by Dr. H. N. Shivapuri.
12-30 to 1-00 P.M.	Vote of thanks by Dr. B. C. Bose.
	Jana Gana Mana.
	Formation of Subjects Committee.
1-00 to 2-00 P.M.	Lunch interval.
3-00 to 4-00 P.M.	Welcome by Dr. G. A. Kher, Chairman, Exhibition Committee
	Welcome Speech by Prof. Akbar Ali, Chairman, 3rd All-India Salon of Medical Photography
	Inauguration of the Pharmaceutical Exhibition and 3rd All-India Salon of Medical Photography by Dr. K. N. Katju, Chief Minister, Madhya Pradesh

A VIEW OF THE OPEN SESSION OF THE THIRTY-SIXTH ALL-INDIA MEDICAL CONFERENCE, INDORE, DECEMBER 1959

3-00 to 4-00 P.M. *contd.*	Welcome by Dr. S. K. Mukerji, Chairman, Scientific Transaction Committee Inauguration of Scientific Session by Rani Padmavati Devi, Minister for Health, Madhya Pradesh Vote of thanks by Dr. B. C. Bose.
4-15 to 5-00 P.M.	"At Home" by Governor of Madhya Pradesh.
6-00 to 8-00 P.M.	Seminar on Medical Education as discussed at Montreal. Participants—Dr. R. V. Sathe, Dr. R. K. Menda, Dr. C. J. Jhaveri (College Assembly Hall).
8-00 to 9-00 P.M.	Dinner interval.
9-30 to 11-00 P.M.	Musical Entertainment by 'All India Radio' (Conference Pandal).

28th December, 1959 :

9-00 A.M. to 1 P.M.	Subjects Committee Meeting (College Assembly Hall).
1-00 to 2-30 P.M.	Lunch interval.
2-30 to 4-00 P.M.	Open Session of the Conference.
4-00 to 6-00 P.M.	Film Show.
6-00 P.M.	Tea by Mayor, Indore Municipal Corporation.
7-00 to 8-00 P.M.	Lecture on Chinese Medicine by Dr. S. C. Sen
8-30 to 10-30 P.M.	Reception Committee Dinner.
11-00 A.M. to 1 P.M.	Documentary Film of Madhya Pradesh (Dinner Pandal).

29th December, 1959 :

9-00 to 11-00 A.M.	Scientific Session.
11-00 A.M. to 1 P.M.	Open Session of the Conference Central Council Meeting.
1-00 to 2-30 P.M.	Lunch interval.
2-30 to 4-30 P.M.	Scientific Session and Papers.
4-30 to 5-00 P.M.	Tea interval.
5-00 to 6-00 P.M.	Scientific Session.
6-00 to 7-00 P.M.	Lectures. Film Show.

WELCOME ADDRESS

Dr. G. L. SHARMA

Chairman of the Reception Committee

SHRI PATASKAR, SHRI KARMARKAR, MR. PRESIDENT, FELLOW MEMBERS OF THE I.M.A., LADIES AND GENTLEMEN,

As Chairman of Reception Committee, the 36th All-India Medical Conference, it is my privilege to extend to you a very cordial welcome. Our sincere thanks are due to the Indian Medical Association for selecting Indore city as a venue for the present annual convention. The host Association, Indore has striven hard to organise arrangements for your brief sojourn in the city. It is hoped that your stay would be enjoyable. The Conference work programme for the session appears to be heavy and comprehensive so as to include all facts of the Health profession's responsibilities. This would be yet another milestone in the progress of this Indian Medical Association.

If one were to project one's mind into the broad historical perspective of evolution of scientific medicine, it would be seen that in any given period of time, there are two main factors that have influenced the training of doctors, medical research and medical practice. These are the extent of knowledge of medical sciences and educational, economic and cultural background of the people in the country. During different periods of human history, we encounter widely differing attitudes taken by the society towards disease. By attitudes is meant the interpretations made by the people about the meaning of disease as a general phenomena and its placement in the general scheme of things. Accordingly, the need for help in situations that could not be explained, prayers were offered to the deities ; the need for help in situations that were painful due to illness and injuries, doctors came on the scene, and need for settlement of quarrel established rules of conduct, i.e., Law. It would thus be seen, from this arose beginnings of Divinity, Medicine and Law. Due to social, economic and educational changes occurring in the society, we are beginning to accept new interpretations of the functions of doctors, their education, practice, emoluments and obligations to the society. The society demands that there should be an understanding of its problems of health and disease as well as of the patient and his attitudes. There appears to be a growing demand for the doctor to assume increasing responsibility in preventive medicine through determination of the causes of disease and through health education. Since it is not possible for the doctor to carry all these obligations all alone, the importance of having auxiliary health workers has been recognised. The humanitarian bias of the doctors work stands out in sharp contrast with some other vocations. Health activities such as elimination of overcrowding and of slums, protected water supply and drainage, control of food and drugs, control of disease processess, maternity and child welfare services and medical relief owe much to the efforts of medical profession. However, there appears to be an urgent need that we undertake the responsibility of bringing about an understanding of medical sciences on the part of the general public. So far medical science has not capitalised on its advances. This is possibly due to the fact that the medical services possess no appropriate means of informing and educating the public of the present potentialities of medical care both curative and preventive. Also perhaps the profession suffers somewhat from its necessaries to compromise with the patient's ideas of what he wants, what he can do and what he can pay for. It must be understood what is good for the few is seen to be good for the many. The medical profession must get themselves asked to do what they already know can be done.

I hope these reflections of mine will light up some of the facts of work that we do. The Indore branch of the Indian Medical Association has been doing yeoman service in Indore and the areas round about in matters of professional services, regular clinical meetings and lending support to the parent body in their doings. In recognition of the good services, this branch has received financial support from the Union Health Minister for assisting the Government in one of their rural programmes. The city of Indore itself although by no means comparable to some of the very big cities where you have held your annual conventions, can assure you of only one thing and that is affectionate welcome. We have done our best and we hope to be forgiven for our shortcomings.

Once more I extend Reception Committee's and my own warm welcome to you all.

INAUGURAL ADDRESS

Shri H. V. PATASKAR

Governor of Madhya Pradesh

MR. PRESIDENT, DELEGATES, LADIES AND GENTLEMEN,

I consider it a great honour and a proud privilege to have been invited to inaugurate this All-India Medical Conference. I see before me a very distinguished gathering of persons who have dedicated their lives to the noble profession of medi-

cine, and as a non-medical person I rise to speak to so distinguished an audience with a sense of hesitancy.

The dispensation of medical aid is one of the most essential needs of human society ; and has probably existed on this earth ever since man attained a stage in evolution when he began to think of ways and means of keeping himself healthy and prolonging his life. The science of which you are the votaries is truly the science of life or to be more precise the science of longevity and good health. It is thus आयुर्वेद not in the narrow sense in which that word has now come to be used to denote a particular system in contrast with the western system of medicine but in the true sense in which the science of medicine has always been looked to in India.

Men all over the world living in different parts started experimenting in different ways to give relief to suffering men in their own areas and developed their own systems of medicines by different methods of study, research and application. The medicines used by them also depended on the materials available to them in their own areas. The methods of treatment also varied according to the varying conditions of climate. Social habits of the people also affected the modes of treatment and the nature of medicines used. This was inevitable in days when men lived in isolated areas and the means of communication between different parts of the world were poor and difficult. Different systems, therefore, developed in different areas. We have thus in the world today numerous systems of medicine that are practised. The best organised and most widely spread system today is the one which has come to be known in our country as the western system of medicine.

With the advancement of material science and the rapid improvement in means of communication and transport during the last few decades the world has now become much narrower than it ever was before and the object of all systems of medicine being the same it has become essential that ultimately in the interests of humanity as a whole what is best in each should be utilised. Science is advancing rapidly in all directions and in all spheres and recent scientific achievements are unprecedented. Whatever is now found to be erroneous in any system as a result of these new scientific discoveries must be eliminated and the ultimate goal should be to evolve a uniform system of medicine throughout the world. A branch of this western system which is widely practised and which has attained phenomenal development is what has come to be known as Allopathy. But there is another branch of the same western system which is called Homoeopathy. With the advent of closer contact with the west in matters political and even economic and social allopathy has spread widely in our country and as it is also the system most widely followed in the modern world, it must be recognised that it has a firm hold in our land.

The Unani system of medicine found its way in our country as a result of our historic association with the middle east countries.

The system of medicine known as Ayurved is our indigenous ancient system of medicine and has been prevalent in our land since times immemorial. It has a hoary past. It was conceived in a spirit of scientific approach to the problems of health and longevity and held sway in our country for hundreds of years. It received support and patronage from kings and rulers and was regarded as a social service enjoined by religion. There used to be provision for methodical teaching of this great science of life in many of our well known ancient universities like the one at Nalanda, and only those who were properly qualified by such education were allowed to practise the profession of medicine with the permission of rulers. In Shukra Neeti it has been laid down that without the permission of the King no physician should be allowed to treat.

"राजज्ञया विना वैद्य जनैः कार्यं चिकित्सितम्"

It was thus a well regulated system scientifically developed with means available in those times and had various branches. It was a growing system and assimilated new discoveries.

As a result of the passing of the political power into the hands of outsiders some centuries back this system lost the support of the rulers and the ruling classes. Similarly, for historical reasons it lost its religious appeal. It then naturally became stagnant, lost its vigour and ceased to grow as a scientific system assimilating new inventions and discoveries in the field of medicine and surgery. However, as an indigenous system it has still a natural appeal to vast sections of our people and it can be said without fear of contradiction that it is suited to the social and economic condition of our people.

We are now in an era when at least in matters relating to medical science the whole world must be regarded as one and the various systems must be made to coalesce so as to render maximum service to humanity. There need be no conflict between the different systems. In fact as a layman, I feel, along with a multitude of common people, that we are more concerned with the resultant relief given and service provided rather than the

means and the methods of the system by which that relief is given or service provided. Every recognised system has some elemnts of usefulness under certain conditions. There is no system which is infalliable nor is there any system which fails to give relief in every case. The task of research scholars of the future should be to try to assimilate them all so as to serve best the cause of better health, more effective prevention and cure of diseases and a longer span of life.

As between Allopathy and Ayurved in our country co-ordination is easy and practicable.

I see before me a galaxy of persons devoted to and practising the modern system of medicine which originated in the west and which can broadly be described as western medical system. It dates its origin to the 7th century B.C. in the shape of writings of Hippocrates and the Hippocratic oath is even today an imporant topic in the history of medicine. At some stage, medicine implied that branch of the whole which is contrasted with surgery. Today the scope of medical science has extended its links to subjects so widely apart as history, chemistry, physics, meteorology, geology, ethnology and psychology. Indeed it would be no exaggeration to say that it draws where it can from all branches of human knowledge.

Starting its rapid progress in 1846 when the first painless operation was performed under ether, surgery has been transformed from a cruelly painful "last resort" into the great healing art that it is today. It is a matter of pride for the men in this profession that all this spectacular and brilliant advance in the field of medical science is almost the work of a century for the real advance of this science began in about the middle of the 19th century. We now read of operations successfully transplanting certain parts of other animals in place of similar parts of the human body. Heart surgery is rapidly advancing and experiments are being successfully carried out for reviving life which had ceased. The splitting of the atom has led to fathoming of the innermost secrets of nature which might lead man to have a glimpse of the secret of life itself and revolutionise our current ideas on the subject of medicine. With all the rapid advance that we are now making in the field of physics, chemistry and atomic research there need be no surprise if what hithertofore has been considered impossible becomes a common occurrence. The story of these advances is the story of wisdom, perseverance, selflessness and hope.

To my mind, however, the most important aspect of the development of medical science is the shift in its emphasis. Not till about the end of the last century the emphasis was more on "curing"; but in this century the medical science lays equal if not more emphasis on the prevention of diseases. International agencies like W.H.O. and U.N.I.C.E.F. are doing most valuable and splendid work in this direction and have served to accelerate progress in this direction. The field of medical science now has to a large extent been enveloped by what we now call the promotion of public health and health services. The Planning Commission provided a sum of Rs. 140 crores for carrying out programme for that purpose during the period of the First Five Year Plan and has provided a sum of Rs. 274 crores for the period covered by the Second Five Year Plan. Out of the provision of Rs. 140 crores made for the First Five Year Plan period we were able to spend Rs. 105·46 crores—almost 75 per cent.

In our attempts to improve public health, as also to provide medical relief in rural areas, our greatest difficulty arises from the inadequacy of medical personnel in our country. A cursory glance at the figures given by the Planning Commission in its report on the First Five Year Plan is very instructive. They show—

1 doctor to every 6,300 persons.
1 nurse to every 43,000 persons.
1 health visitor to every 4,00,000 persons.
1 midwife to every 60,000 persons.
1 dentist to every 3,00,000 persons.
1 pharmacist to every 40,00,000 persons.

It is further to be noted that the concentration of all these types of medical personnel is in urban areas and their distribution is very sparse in rural areas. Our State Government has offered some inducement to medical men serving in rural areas by payment of a special allowance and we have to watch the results of this scheme. The Planning Commission naturally is eager to increase the number of institutions for the training of medical personnel. During the First Plan period the number of doctors went up by 11,000, of nurses by 5,000, of midwives by 8,000, and of health assistants by 500. It is expected that by the end of the period of the Second Five Year Plan the number of doctors will go up by 15,500. But with all this increase in the number of our doctors, we will still be far short of our requirements and we must devise ways and means to provide medical relief to rural areas at an early date. From this point of view it may be worthwhile to consider whether we may not introduce again some courses of medical studies like the former

L.C.P.S. in Bombay State and the L.M.P. in the State of Madhya Pradesh for the purpose.

In this matter of rural relief I am happy to mention the good work being done by members of the Indore Medical Association by establishing Rural Health Centres run under the auspices of the Association. I understand that this Association is at present running three Rural Health Centres, one at Simrole, another at Palia and the third at Manglia. These Centres are visited by the members of the Association and free medical aid is administered there. The members of the Indore Medical Association deserve our congratulations for this benevolent act. I can only express the hope that the other medical associations, which may not have so far moved in this direction will do well to emulate the example of the Indore Medical Association.

Another question which is very intimately connected with medical aid is the heavy cost thereof. We, in this country, are very poor and it is our common experience that as the present-day medical treatment is beyond the means of most of our people, we must strive to make medical aid available to our people at a cost which they can afford to bear. In some cities the contributory health services schemes have been started ; but their number is small and scope limited.

Still another aspect of the medical care is the hospital accommodation available in this country. As you are all aware, we have very inadequate hospital accommodation even in urban areas. The Planning Commission have laid stress on this matter and have side by side with the suggestion to develop existing hospital services have also suggested a long-range programme of action whereby pressure on hospital accommodation would diminish.

While on this subject I would like to say that as compared with private dispensaries and hospitals, the exeperience gathered from the working of free dispensaries and hospitals is not always very happy. In such institutions it is the spirit with which the medical personnel works that counts and your Association can do much to create this spirit. In ancient times when the trained physician was being set on his career advice was given to him as to the spirit with which he was to carry on his duties. This advice as mentioned in सुश्रुत (Sushrut) is

गुरुदरिद्रमित्रप्रव्रजितो पनतसाध्वनाथाम्युपनतानां चात्मबांधवानामिव स्वमेषजैः प्रतिकर्तव्यं, एवं साधु भवति ; एवं विद्या प्रकाशते, मित्रयशोधर्मार्थकामांश्च प्राप्नोति । सु. स. २, ८

"The preceptor, the poor, the good and the destitute, those thou shalt treat when they come to thee like thy own kith and kin and relieve their ailments with thy medications. Thus behaving good will befall thee. Thus thy learning will attain popularity and will gain for thee friends, wealth and fulfilment."

I would only make even now the same appeal to the medical profession in general and in particular to those who are in charge of our free hospitals and dispensaries.

Medical research in our country is another matter of vital importance. So far as I know we have 13 important research institutes dealing with (1) tropical medicine, (2) hygiene and public health, (3) cancer research, (4) chest research, (5) leprosy research, (6) plague, malaria, virus diseases and nutrition, (7) microbiology, biochemistry and serology, (8) rabies, influenza, tropical eosinophilia, anti-venom serum, (9) preventive medicines, (10) prevention, control and cure of disease and anti-malarial drugs, (11) biological and chemical assays of drugs, (12) drug research, and (13) virus research. They are doing good work, but there is enormous scope for many more institutions of this type. The pace with which the medical science made great strides in recent times was due to the enrichment of all the branches of this science by researches made by pioneers ; and, if India is to take a place of pride in the comity of nations, the profession must give more attention to the development of research in our teaching institutions and research institutes. I feel that the general practitioner also can usefully help in regard to the research work. He can help testing the results of research and he can also help in furthering a research by bringing to the notice of the research institutes his doubts and difficulties as experienced in the cases he treats by his observation. How to bring out this co-relation is a matter which you gentlemen are in a better position to decide.

Gentlemen, I have perhaps spoken for a longer time than I intended. I do not claim any knowledge of your science. I have tried to give vent to thoughts that arise in the mind of a layman when such a conference is held. If I have placed before you any points which you feel impelled to consider, I shall feel more than amply repaid.

Gentleman, I now inaugurate the 36th All-India Medical Conference.

JAI HIND

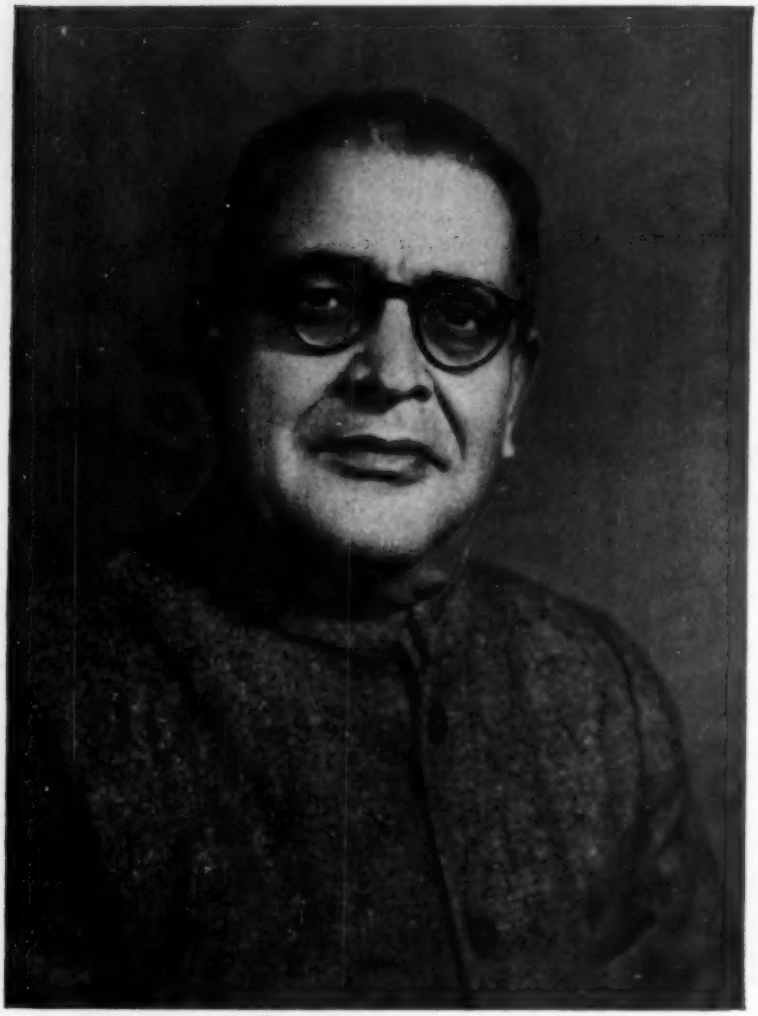
THIRTY-SIXTH ALL-INDIA MEDICAL CONFERENCE, INDORE, DECEMBER 1959

DR. G. L. SHARMA
Chairman, Reception Committee

DR. B. C. BOSE
Chairman, Organising Committee

DR. R. A. BHAGWAT
Organising Secretary

ENGRAVED & PRINTED BY REPRODUCTION SYNDICATE, CALCUTTA 6



DR. H. N. SHIVAPURI

President, All-India Medical Conference

THIRTY-SIXTH SESSION, INDORE, DECEMBER 1959

PRESIDENTIAL ADDRESS

Dr. H. N. SHIVAPURI

SHRI PATASKAR, SHRI KARMARKAR, RANI SAHIBA, COLLEAGUES OF THE PROFESSION, LADIES AND GENTLEMEN,

"Look up every man, woman and everyone as God. You cannot help anyone ; you can only serve. Blessed you are that the privilege was given to you when others had it not."

—SWAMI VIVEKANANDA

I am deeply grateful to you all for honouring me as your Number 1 servant for the year. It is a departure from the past. If I am allowed to say so, my predecessors have mostly been aristocrats of the profession, but I claim to be a plebeian in the line. I am conscious of the heavy responsibility placed on me by you all. I can only promise to do my best and I hope I shall be able to do something for the Indian Medical Association and the profession during my term of office with your help, co-operation and good will, which I am sure I shall have in the fullest measure. But in case I fail, the responsibility will be partly yours for electing a back-bencher to this high office.

It is a strange coincidence that my election was declared in Kashmir, a State from where my family has been in exile for generations and I have to preside in a State, where I and my family have spent years. It may be a surprise to many of you that I passed a number of years in the old Central India and did my Matriculation Examination from Darbar High School, Ratlam, and that I was stationed at Mhow for two years during my Army days. My first appearance in a sports tournament was at Indore. Members of my family have been connected with many of the old Central India States and with several places in the old Central Provinces—all of which now form the new State of Madhya Pradesh.

I consider this election as an honour done to my State of Uttar Pradesh and to my *alma mater*—the King George's Medical College, Lucknow.

In Memoriam

During the year a large number of our colleagues in the profession have gone to their eternal rest. We mourn their loss. May God give peace to their souls! Let us pay our homage to them by standing up in their memory.

Floods

Parts of our country are devastated annually by Nature's wrath. Last year has not been an exception. Kashmir, Assam, West Bengal, Surat and parts of Andhra Pradesh have been afflicted by severe floods, some of them of unprecedented fury, causing untold suffering and misery to our people. On behalf of the Indian Medical Association, I convey my heartfelt sympathy to those who have suffered in men and material. I am glad our Branches have stood up to their duty to help their fellow beings at this time of travail and misery. I congratulate them for their humanitarian activity.

Five-Year Plans

India is today in turmoil. It is like a giant, who after a long sleep has awakened and is trying to rise—rise in more than one way, in more than one direction and all at the same time. Naturally there is a lot of commotion and confusion. To overcome all this, and to set us on the road to progress, our Government has started Five-Year Plans. The first one is over and we are nearing the end of the second and are on the threshold of the third.

Retrospect—It is time that we looked back and considered what we have achieved so far. At the moment India became independent, Pandit Nehru said, "We have to build the noble mansion of free India, where all her children may dwell." I take it that he meant that the children will dwell well and not anyhow and this includes health.

We have to see how far this great objective has been fulfilled. There has certainly been a good deal of progress in certain spheres ; for example, we have now huge steel plants, large river valley and other irrigation schemes, some progress in agricultural and other spheres, but our progress in health schemes has been rather tardy as compared to other spheres. Unfortunately, whenever there has been a re-appraisal, the main items to suffer have been social security schemes including health schemes. We have certainly done something in malaria eradication, in leprosy, filariasis and tuberculosis controls, in family planning, water supply schemes, etc., but what has been done is like a drop in the ocean. The increase in the number of beds and hospital facilities are very very insignificant. Preventive medicine and sanitation have hardly been touched. The subject of health has been given very low priority on our national programme of development and this is very unfortunate. Though industrial planning, power, irrigation and agriculture have rightly been given top places, health also deserves a better recognition and, in my opinion, should get the next higher priority. All our bigger programmes depend mainly on manpower for their success and yet, if our workers' health is not up to the mark, the success becomes dubious and more expensive. *"Mens sana in cor-*

pore sano" is an old adage, which is as good today as it was in olden days.

The Prospect

"So long as the millions live in hunger and ignorance I hold every man a traitor who, having been educated at their expense, pays not the least heed to them."

—SWAMI VIVEKANANDA

It is in this spirit that we should consider the subject.

If the nation is to fulfil our great Prime Minister's dream, then we have to make greater efforts. The subject of health should get better priority in the Third Plan. The Third Plan is still in the making and before the Governments and the planners complete their planning, I would like to place the following objectives before them:

(*i*) Prevention of illness;
(*ii*) Rendering scientific relief irrespective of individual financial resources;
(*iii*) Undertaking measures for achieving positive health;
(*iv*) Spread of medical education and medical research.

These objectives were placed before the Government by the Indian Medical Association before the second plan was finalised, but unfortunately the Government then did not find themselves in a position to accept them. I would now reemphasise once more these objectives and I hope they will be accepted for the third plan.

For achieving these objectives, I would particularly stress on the following points:

(*i*) *Nutrition*—(*a*) For mother and child—a minimum standard should be achieved, preferably in the form of milk.

(*b*) For school children—Compulsory and free midday meal containing assimilable protein in adequate quantities.

(*c*) Students' health—This is deteriorating fast. I have some experience in this line. The present arrangements are totally inadequate and have to be improved to a very great extent to be of any value. The I.M.A. will be ready to co-operate in the matter, if such co-operation is desired.

(*d*) General—There is urgent need of much greater production of protective foods, such as milk, eggs, fish and meat. To help in better consumption of these goods, it is not only necessary to raise the income of the lower income groups (which the Government is trying to do) but there should be educative propaganda on the nutritive value of such foods.

(*ii*) *Water supply*—There has been a number of schemes, but these are not enough. Our objective should be that by the end of the third plan, protected water supplies and proper sewage schemes are available everywhere. If this is carried out, we shall have got rid of the enteric group of fevers, diarrhoeas, dysenteries and cholera. It was estimated, I understand, by a W.H.O. Expert Committee that the money at present spent on curing these diseases will be saved to such an extent that in 3 or 4 years the savings will cover the entire cost of water supply and sewage schemes.

(*iii*) *Medical relief*—(*a*) It should be our aim to provide free medical aid during the third plan at least to

(*1*) all unemployed adults and all urban and rural non-earning dependents;
(*2*) all the agricultural labour, the peasantry and the poor in rural areas.

(*b*) Health insurance is incumbent for the rest of the population. This may not be possible fully in the third plan, but a beginning has to be made and must be made at least in the bigger towns and in selected rural areas.

(*c*) The number of hospital beds must at least be doubled, so that we can have 1 bed for about 1,500 persons on an average.

(*d*) If it is decided to have the number of beds and other schemes as suggested above, then the registered medical men of the modern system and other ancillary personnel such as nurses, pharmacists, technicians, etc., will have to be trained in proportionately larger numbers.

(*iv*) *Social welfare*—This will include items such as

(*a*) Family Planning,
(*b*) Old age and invalid pensions,
(*c*) Crêches,
(*d*) Housing, etc.

In an address like this, it is not possible for me to go into details. I am only putting forth an outline of the programme as envisaged by the Indian Medical Association, but if our co-operation is desired, I can assure the Government that the Association will be ready to supply a detailed programme.

However, I shall take up some of the important points.

National Health Scheme

If medical relief is to be given on the above scale, and it should be our aim to reach that objective in the shortest time possible, then we have to have an all-inclusive health scheme. Such a scheme

may involve the organisation of a National Health Service, without which it may not be possible to fully attain our objective of a Socialist pattern of society. The organisation of a National Health Scheme and National Health Service may not be immediately possible, but if the objective is fixed and we are to have a real Welfare State, then a beginning has to be made and the earlier the better. And when I suggest a National Health Service, I do not mean a fully paid service for all registered medical practitioners, mainly because the expense involved might be prohibitive for a poor country like India. What I envisage is securing the help of the profession in every possible way, panel system wherever possible and the service system where panel cannot be organised. For example, the National Health Scheme can be organised in the bigger towns earlier on the panel system, and service system can be started in rural areas or sparsely populated urban communities.

Employers' State Insurance Scheme

This brings me to the consideration of this scheme. When I was asked to organise this scheme at Kanpur as a Pilot Scheme, I took up the undertaking in the national interest, taking it as a beginning of the National Health Scheme, but the powers that be, have not had a wider outlook and they have stunted its growth and rapid expansion. I may draw your attention in this connection to the opening sentence of the E.S.I. Act, which states: "Whereas it is expedient to provide for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters. . ."

It may be noted that the Act was intended for "employees" as a whole and not for factory labour only. This is further clear from clause 1 of the Act which runs as follows:

> "1. (4) It shall apply, in the first instance, to all factories (*including factories belonging to the Government*) . . ."
>
> "(5) The appropriate Government may . . . extend the provisions of this Act or any of them, *to any other establishment or class of establishment, industrial, commercial, agricultural or otherwise.*"

I shall ask you to kindly mark the words I have italicised above. Instead of following up the above provisions of the Act and rapidly extending it to other classes, the Government of India itself has torpedoed the Act by excluding their own factories including the Army and Railways, although my survey in U.P. in the first instance included all such factories and my recommendations were definitely against excluding any registered factory, whether civil, military or railway. Following this bad example set by the Government of India, the State Governments have begun to follow them and are excluding their factories also. How can the Government force the private employers, when the Governments as the biggest employers exclude themselves from an Act of their own?

Not satisfied with thus undermining the Act, the Government of India have further worsened the position by starting a Contributory Health Scheme. It is not clear to me why such employees cannot be covered by the E.S.I. Scheme under clause 1 (5) quoted above. Multiplicity of similar schemes is not a solution of the problem, but only causes further confusion.

I shall here deal with only one more point in this scheme. The position of doctors is very unsatisfactory, in panel as well as in service systems. The success of the scheme depends mainly on them and yet it is they who are the sufferers. If the terms and conditions as well as facilities given to the E.S.I. doctors are not satisfactory, it is the industrial workers and their families who have to bear the consequences. Even though the E.S.I. Corporation has plenty of money and is willing to give, yet the States have taken a negative attitude and are not prepared to treat the main partner in the scheme fairly. The gentleman's agreement with the I.M.A. has been forgotten. And now a one-man Commission has been appointed to review the working of the scheme. I have no faith in these one-man Commissions, where Government's favourites are appointed as judges. I see no reason why the Indian Medical Association was not asked to collaborate in this work?

I had hoped that the E.S.I. Scheme as first started in 1952 as a pilot scheme was only a beginning of the National Health Scheme, but that hope has been belied by the way the scheme has been worked. I yet hope that better counsels will prevail and the E.S.I. Scheme will be extended and expanded rapidly so as to cover other classes, if necessary, by slightly modifying the Act.

The Services

This brings me to the question of organisation of the Medical Services. The present set-up was organised over a century ago by the then rulers to suit their own convenience. Unfortunately, the same organisation continues today, only with addition of staff. This set-up is not conducive to modern conditions and the conversion to Welfare State. It is time the set-up was changed to suit modern requirements.

The emoluments and multiple categories of the Medical Services are causing a lot of dissatisfaction. The Government of India and the various States have started several classes of medical services. This is entirely wrong. I do not see any reason in having such divisions. Everybody now employed has the same basic qualification—the M.B.B.S. degree of a University—and they all do the same or similar work. Why should then there be such differences in pay and allowances, except that it may mean a paltry saving to the various Governments? On the other hand, such differences cause unnecessary prejudice, friction, a false sense of superiority in some and an undeserved inferiority in others. There is also no sense in allowing right to private practice to fully paid services. No such right exists in other technical services and there is no need for such a privilege to exist any longer in the medical services. It is an unnecessary temptation to stay on in places which have a reputation of being profitable and leads to corruption. I would strongly urge the Governments to have one class of Medical Service only with better emoluments on the scale recommended by the I.M.A. for class I officers and do away with various distinctions and special privileges. The latest Pay Commission has recommended abolition of such distinctions as Class I, II, III and IV servants. Why then keep such sub-castes in the Medical Services? This may cost a little more to the Governments, but will pay better dividends in the long run in the form of better quality of work. Those possessing post-graduate qualifications should have an allowance paid to them as is done in the Army.

As now there are more than one medical college in almost all States, the recruitment to services should be by open competitive examination and should not depend on anybody's whims and fancies. This will further reduce corruption. This is already being done in the Armed Forces Medical Service.

We are faced today with a paradox. On the one hand, the Government complains that doctors are not available, large number of dispensaries are lying vacant and service cadres are short of medical officers. On this plea, various States have started medical colleges in a hurry without proper preparation, without proper equipment and without proper staff. The outturn of doctors now is about 5,000 a year from the 52 medical colleges, though the available number of jobs is not even half that number. On the other hand, there is already unemployment and underemployment in the profession and the doctors so produced do not enter the services. I wonder whether the Government has ever seriously considered this position. The situation is due to two factors:

(*i*) Insufficient and unattractive emoluments, and

(*ii*) privilege of private practice to service doctors.

Thus no one wants to go to rural areas, where there are additional disadvantages of very little facilities of housing, education of children and other minimum modern necessities.

I daresay this paradox of scarcity amidst plenty will continue even if the number of medical colleges and the output of medical graduates are doubled leading to further unemployment and resulting misery in the profession, unless the two main difficulties pointed out above are properly remedied.

Food and Family Planning

These two subjects go together as the shortage of food emphasises the greater need of family planning, but the adequacy of food will not depend on family planning. Family planning is a long-term programme and its effect will be visible after a number of years of persistent education and efforts, whereas production of food needs immediate attention. Family planning depends on several factors. Proper propaganda is of the first importance. My predecessor last year suggested permitting abortions as in Japan and taxing every child-birth after the third child. Abortion can be legalised in suitable cases, but it may not be possible to legalise it on a mass scale. I suggest raising of marriage age for girls and boys. I consider that the age of marriage should be raised to 21 and 25 years respectively for girls and boys. This is scientifically the proper age and it also reduces the fertility period. Then before anyone is allowed to marry, the parties should undergo a health examination and must be certified fit for rearing children, as sick and anaemic mothers or fathers only produce rickety and sick children, which are of little use to the community or the nation and only add to our infant mortality rate. All those who are not fit or cannot become fit up to the age of 25, should be sterilised before they are allowed to marry. The question of fundamental rights should not be allowed to stand in the way, as the right of the nation to live and prosper is greater than the right of the individual to bring down standards of life and health.

In this connection, I would like to point out that the Government of India is spending large amounts on family planning without proper organisation. I do not understand why is family planning not part of the child welfare and maternity

section, who are in the best position to advise on the subject? The Indian Medical Association is prepared to co-operate in the matter (as in all other matters) and has already submitted a scheme to the Government of India. I hope it will be accepted. The health education journals published by the Association in English, Hindi and other regional languages could easily be utilised for propaganda purposes.

Medical Colleges and Medical Education

As I have stated above there are already 52 medical colleges in the country producing about 5,000 graduates in medicine every year and yet there is demand for more and more. In a way it is good, but on the other hand, I am worried about the future of these products and the standard of their education. Many of the colleges have been started in a hurry without proper arrangements. The shortage of doctors is emphasised in comparison to Western standards and we are told that we have only one doctor for about 5,000 persons, whereas the Bhore Committee had laid down one doctor for 2,000 persons as our preliminary goal. When we are told this, people forget that there are about 5,00,000 other practitioners of various sorts, trained, untrained ; educated, uneducated ; baked or even half-baked, but most of them registered and called 'registered medical practitioners' under various laws and using all the latest drugs without having sufficient knowledge of their utility or toxicity and all those practitioners are recognised by the Governments of the land. And they all are competing with the doctors of scientific medicine. The latest modification of the definition of "Registered Medical Practitioner" in the Indian Pharmacy Act, by which various States have been permitted to declare any person or persons as 'Registered Medical Practitioner', is the greatest disservice done to modern science and a big aid in increasing quackery in the country. I must strongly protest against such measures. The practitioners of modern medicine have a Code of Ethics to follow, whereas all these half a million or more practitioners have no Code to follow and the councils established for their registration give them all the privileges, but have no control on their activity. This should be remedied as early as possible. Under these circumstances it is very wrong to say that there is only one doctor for 5,000 persons. All these should also be taken into account and if that is done, the proportion may be even better then either in U.S.A., U.K., or U.S.S.R. With this unfair and quack competition, the practitioner of modern medicine is at a great disadvantage and there is already both unemployment and underemployment in the profession. The medical colleges are being started without any schemes for the absorption of their products. I am dead against starting of such new colleges. No new college should be started unless the Government has schemes sufficiently developed to absorb the products on proper wages. I do not want any slave labour for the profession.

No college should be started without proper equipment in staff and material and unless the proper number of beds are available for students. No medical college should admit more than 100 students per year and that also if sufficient number of teachers are available in the right proportion. The profession of medicine is an extremely responsible one and mass production cannot be allowed in the training of doctors. Such products cannot be allowed to play with the health of the nation.

While on this subject I may be permitted to say a few words about failures in medical colleges. This is a serious problem. Failures in such large numbers are unheard of anywhere in professional examinations. Students are admitted after stiff competition or by selection and cannot, therefore, be below average in intelligence. Therefore, the cause must be sought somewhere else—either lack of interest on the part of teachers or the taught—may be both. In any case a serious probe is necessary and the required remedy should be applied early. At present it is a great national waste.

Allied to this is the question of indiscipline amongst the students. There is good deal of confused thinking on the subject. The primary fault is of the parents in not training their children properly in their early impressionable period of life. The teachers also must share the blame in not taking enough interest in their students and in not guiding their youthful energy into useful channels like extra-curricular activities, reading of healthier literature, active sports and useful hobbies. One reason may be that we do not select teachers properly. I am afraid, it is not sufficiently appreciated that every good scholar cannot necessarily become a good teacher. Besides, the teachers are not paid properly, leaving them to busy themselves with private practice. Today, even the jobs in non-clinical subjects are not fully non-practising in most of the institutions and it is a sight to see such teachers sitting at chemists' shops even up to midday. How much time do they devote to teaching should be a subject for enquiry. If the posts of all non-clinical teachers and the requisite number of clinical teachers are made non-practising with adequate pay and allowances, then they may be able to give more attention to their wards, creating mutual trust, friendliness and

better social relations. If that is done we may hear much less about indiscipline in future.

In other sister professions higher posts are much better paid, for instance, if a lawyer or an engineer could look up to posts carrying salaries of Rs. 3,000 to Rs. 5,000 a month or more, I see no reason why our talented men should be treated so parsimoniously. I hope the Government will consider this point seriously.

The medical course needs drastic changes. There have been large number of conferences, seminars, etc., but our educationists cannot come to any decision. I think the experts having failed, the matter should be left now to lesser men like us to decide for the experts to carry out. As it is, the course is very big and the students are overburdened. Medical science is developing so rapidly that the course is becoming more and more complicated every year and early decision in the matter is necessary.

General Education

The general education that our youth gets in his earlier years also needs early and careful changes. The present courses are not helpful in either building the character or widening the outlook nor do they give a good grounding for later technical or professional studies. I hope something will be done soon in this matter. Female education should be particularly emphasised, if necessary, even at the expense of boys' education. What we urgently need is good mothers. Health education is a subject which has so far been neglected. It should form a compulsory subject in secondary schools and practitioners should be employed on a part-time basis to give a course of lectures on the subject.

Research

It is a matter of regret that we have so far lacked in research on medical subjects, though now the Government has taken some interest in encouraging research and some of our research laboratories are doing good work, I understand. But one must remember that research is a matter of patience and persistence and is a long drawn out process. Nothing can be expected in a hurry. Laboratories in other countries, that have done good work, have been in the field for years and it is after years of patient work that any good results have followed or new discoveries made. I may here again emphasise that if a person is to persist in research and to stick to that line, then he must be kept satisfied by adequate remuneration. A dissatisfied person cannot be expected to stick to it for long.

Methods of Treatment

It is time that we decided once for all how we intend to treat our sick and how we intend to preserve the health of the nation. A lot has been said on this subject, but certain points have to be emphasised over and over again. Ayurveda and Hikmat are not different systems, as alleged, but are only predecessors and precursors of modern medicine. Modern medicine is a direct descendant of these older methods and we have neither jealousy nor prejudice against either Ayurveda or Hikmat. But in the modern atomic age, when we are adopting the results of researches of modern science in every other walk of life, we cannot remain stationary only in the matter of health and treatment of disease. Just as in manufacturing steel, or building construction or for the matter of that in every walk of life, the older methods have been consigned to the limbo of history, so should Ayurveda and Hikmat find an honourable place in the history of medicine. Many of the older drugs have already been analysed and tested and many that were efficacious have been adopted in the modern pharmacopoeia and some that remain can also undergo the process of testing, modification and adoption as and when proved.

It is fallacious to argue that our people want Ayurveda or Hikmat or even Homoeopathic treatment in preference to modern methods. Those of us, who have seen the working of these methods in parallel institutions know very well how great is the demand for modern medicine, and the people seek the aid of the older methods only when no modern aid is available. I would suggest a very simple way of deciding. Before a new dispensary is opened in any area, the people of that area be asked to express their preference as to what they want. The result will be an eye-opener to those good people who in season and out of season are harping on enlarging medical aid on the older methods. It is also a mistake to place Ayurvedic and Hikmat dispensaries in rural areas on the plea of cheapness. Is the life of a villager cheaper than that of a city dweller? Why should then there be differentiation between the medical facilities for urban and rural areas?

Integrated medicine is another bogey created by the interested. I do not understand the meaning of 'integrated' medicine. How can there be any integration between a bullock cart and a motor car or even between a railway train and an aeroplane? If integration means teaching both methods in the same course, the result is disastrous, as shown by repeated strikes in such institutions. No person can believe or follow at the same time two opposite or contradictory methods and theories. The conse-

quence has been that the products of all such institutions follow and practise only modern methods and not the older ones. But the misfortune is that in modern methods their training has not been as efficient as it should have been. The whole farce is a make-believe of certain politicians and I am glad that the bluff is now being called off. If the product is eventually to practise modern medicine, why then not give him proper training in that only and the rest can be taught as history of medicine or as a post-graduate course? I congratulate the authorities of the Banaras Hindu University in taking a bold step and doing the correct thing.

Homoeopaths have now started giving injections of penicillin and other modern drugs. I have even seen an advertisement of 'Homoeopathic penicillin'. I do not know what it is and what sort of Homoeopathy is that which includes modern toxic drugs and injections without having been fully trained into their pharmacology and toxicity? Our Government once appointed a Committee on Homoeopathy and that committee submitted a report with some very good recommendations. Hardly any of these recommendations has so far been carried out. The same fate met the recommendations of an earlier and more famous Committee—I mean the Bhore Committee. These recommendations are quoted often but hardly any serious attempt has ever been made to carry them out. And now another committee is at work. I only hope that its recommendations would meet better fate.

Our Parliamentarians and legislators are always harping on Ayurveda and Homoeopathy. I do not know why they do not get themselves treated by these methods when they are sick and why should it be necessary to include them in the Contributory Health scheme or open modern dispensaries for them? I suggest that they should compulsorily be treated by Ayurvedic or Homoeopathic methods and no modern aid be allowed to them at Government expense.

Drugs

The Drugs Act was well meant, but in actual working it has mostly failed to achieve its objects. This is due to lack of proper supervision and inherent lacunae. The spurious and adulterated drugs are being sold on a fairly large scale. It has been noticed that a registered medical practitioner finds it often difficult to obtain drugs, but quacks never seem to lack even those drugs which are in short supply or whose import is restricted. The Act and its rules work severely on registered practitioners, but evidently there is no check on others.

As soon as a rumour goes round that a particular drug is in short supply, the price overnight doubles or trebles itself as happened in the case of sodii salicylas and other drugs during the last influenza epidemic.

There is a good deal of misuse in import of drugs also. Whereas large number of patent drugs more or less of same or similar pharmacological action are allowed to come, some others, even essential ones, are not imported. This confusion would not occur, if the drugs were sold under their pharmacopoeial names and not under trade names. I think such a provision should be made in the law. It will cause less confusion for doctors also.

Drug Industry

One argument in favour of Ayurveda, Hikmat and Homoeopathy is their alleged cheapness. It is, no doubt, true to some extent but the main reason is that we do not manufacture basic chemicals of required purity in our country. Most of our so-called manufacturers are merely bottlers and labellers of imported drugs. It is time that real manufacturing industry of basic medicinal chemicals, and other medicinal products was started in the country. If this is done, prices can be reduced to considerable extent. It is now hoped that with the offered help from U.S.S.R. we may be able to have this industry in our country in the Third Plan. But there will have to be rigorous control on the quality, purity and price of such drugs.

One word of caution in this connection. Firms are appearing with small capital and naturally cannot afford to employ proper personnel with sufficient scientific and technical knowledge and skill. Such firms are liable to produce or market sub-standard drugs. I hope the standards will not be allowed to go down and strict quality control will be enforced from the very beginning. All conditions for issue and renewal of manufacturing licences should be strictly adhered to and enforced and no exemptions should be given to any firm under any circumstances, as no one has the right to play with the lives of people.

The production of instruments and other surgical and hospital appliances should also be undertaken in the Third Plan with proper quality control on such manufactures.

Now that we have an Indian Pharmacopoeia and it is already undergoing revision, it is time that all drugs and pharmaceuticals manufactured in the country should rigorously adhere to

standards as laid down in the Indian Pharmacopoeia rather than to British or other well-known Pharmacopoeias.

Quackery

With the formation of Medical Councils for the control of quackery and registration of Ayurvedas, Hakims and Homoeopaths in most of the States, it was expected that quackery will be controlled to a great extent, but on the other hand it has grown by leaps and bounds. It is true that no country has been able to completely abolish quackery. Quackery will remain so long as there are people prepared to be befooled and treated by quacks. But with proper measures it can be controlled to a great extent. On the one hand, the Government of India has circulated a model Anti-Quackery Bill for adoption by the States; on the other hand, and even before this Anti-Quackery Bill could be passed, the Government of India has modified the definition of the word "Registered Medical Practitioner" in the Indian Pharmacy Act in a way that will very greatly help quacks in getting themselves registered as Registered Medical Practitioners. I consider this very inadvisable and a great disservice done to modern medicine and we should strongly protest against it. A "Registered Medical Practitioner" under the Drugs Act, the Indian Pharmacy Act and other similar laws should mean "A Registered Practitioner possessing a qualification in Modern Medicine as recognised by the Indian Medical Degrees Act (Act VII) of 1916" and there should be no laxity in the standard.

The present Drugs Act or another similar Act should be enforced for the manufacture and purity of Ayurvedic, Hikmat and Homoeopathic medicines. There is at present no standard or law for their manufacture and a lot of undesirable things are, I am told, happening in the manufacture of such preparations. Besides, many medicines are being prepared and sold in the market in the garb of Ayurvedic or Hikmat medicines but really the active ingredients in such preparations are modern drugs. The purity and standard of such patents should also be strictly controlled under the Drugs Act.

Many such medicines are being advertised in the most unethical fashion, in the lay press, by loudspeakers, by disfiguring advertisements on the walls and many other ways. Such advertisements and breach of professional conduct need strict control by laying down a Code of Medical Ethics for Ayurvedas, Hakims and Homoeopaths as already suggested by me in an earlier paragraph.

Local Self-Government

This needs great strengthening on the health side of its activities. At present the condition of these departments is very unsatisfactory in most municipal and rural areas. Too much burden has been placed on the health officers, as in addition to being a health officer of a fairly big area, he is also responsible for checking adulteration of food and drugs under various laws. He is understaffed with the result that he has neither time, nor powers nor staff and there is chronic financial difficulty. I suggest that 25 per cent of the income of such local bodies should be earmarked by law for the health department, which should also be strengthened.

If proper measures were adopted and strictly carried out, we should be able to eradicate within reasonable time diseases such as cholera, smallpox, typhoid and dysentery from our country. Other countries have done it and there is no reason why we should not be able to do the same. Only the will to do it is required and then the necessary measures can be adopted.

I have already briefly mentioned above other important subjects such as water supply, housing and food. Other matters equally important and needing urgent attention are sewage disposal and environmental hygiene.

Finances

All these and other important developments and improvements, on which depends the health of the nation need finance and our country is hard pressed for it. In the Second Plan many schemes were curtailed or dropped because of lack of finances or exchange difficulty. I consider that the available money can be made to go further than it does at present by stricter control and economy and by reducing expenses on the construction side. It is not necessary to house a good scheme in an expensive abode. We should try to have utility buildings of simpler construction and utilise to a greater extent material available locally. But in spite of all these suggestions, more money is required. I can suggest one or all of the following methods:

(*i*) *Sale of seals*—The Tuberculosis Association of India is raising some money in this way, but more can be done.

(*ii*) *Lotteries*—We may be able to secure good amount of money by this method as Ireland has done. Our Government frowns on them, but these may be allowed for the noble purpose of improving health facilities.

(*iii*) *Health cess*—Finally a health cess can be imposed. A rupee per head per year all over India will give us annually a fairly large amount and it will not be too hard a tax on anyone but the amount realised should be reserved for the purpose for which it is raised.

B.C.G., Antimalaria, Leprosy Prevention and Other Programmes

B.C.G. vaccination has been given to large number of children all over the country, but I am told that proper records have not been kept. If correct, this is unfortunate. How is the vaccination to be repeated? Besides it means great loss in collecting valuable scientific data. B.C.G. vaccination has now been given for a number of years and the time, I think, is ripe for scientific evaluation of its results so that we can get some guidance for the future.

Malaria eradication programme and filariasis control programme are also being carried out. I do not know if the authorities hope to eradicate malaria completely by the unsatisfactory way in which the programme is being worked, but there is no doubt that for the present, cases of true malarial fever have perceptibly declined. Whether that will be so permanently or eventually a D.D.T. resistant mosquito will emerge and spread the scourge again remains to be seen. It is too early to say anything about the filariasis control plans. Both are essentially mosquito control programmes and what I do not understand is why the two are not combined together, as, if a single agency works the two programmes, the administrative expenses may be economised. However, the Indian Medical Association, welcomes all these programmes including the one of leprosy control and hopes that in due course, we shall succeed in getting rid of these diseases from our country. Tuberculosis requires much greater attention than has been given so far, as this is probably our biggest problem next only to malaria.

Life Insurance Corporation

The country had welcomed the nationalisation of the life insurance companies, but unfortunately for us, the doctors have been treated shabbily by the new authorities. Many of them were thrown out without rhyme or reason. No definite principles are followed in the appointment of new ones. As usual, the Indian Medical Association was not consulted, leading to good deal of dissatisfaction in the profession. The success of this Corporation, as that of the E.S.I. Corporation, depends on the efficiency of the doctors and yet they are the persons to suffer in both schemes. Even in the medical examinations, the new bureaucracy controlling the Corporation has created favourites, as some doctors for some unaccountable reason get many more cases, while others receive comparatively very few. A recent fiat has made 65 years as the age of retirement of their medical examiners. This again is an arbitrary decision and no explanation is available so far. The Indian Medical Association had suggested its representation on the Corporation and its Regional Boards, but it has been denied. We suggested modification in the scheme of payment of fees to doctors for medical examinations. That has also not been accepted. Only a few minor things here and there have been agreed to, but let me frankly state we are not at all satisfied.

Co-operation

This brings me to the subject of co-operation with the Government. The Indian Medical Association as the national association of doctors of the land is always ready to co-operate with the Central and State Governments in their efforts to uplift the health of the nation, but co-operation is not merely a one-sided affair. It has to be by its very nature a two-way traffic. Critics we were even in other times, but if we are not allowed to play other and better roles, then we are again left as critics and this is not a healthy state of affairs. I earnestly appeal to all Governments, Central as well as State, to accept our co-operation in the interest of the nation and I hope, in future, we shall have a more constructive role to play.

Medical Council of India

It is a matter of regret to us that some of our suggestions on the Medical Council of India Act, when it was recently amended, were not accepted by the Central Government, particularly one about a common register.

It has come to us as a surprise and a shock that amongst the nominees of the Government to the Medical Council of India, there is one non-medical person. How he will work and what does he understand about the working of the Council, which is a technical body, passes comprehension? A layman will not be able to appreciate our Code of Medical Ethics. The profession is greatly agitated over such a move and I hope it is not yet too late to rectify it.

Military Training

The storm is gathering on the horizon. It is possible that the clouds may pass and leave us high and dry, but on the other hand, it is also possible

that the clouds may burst and we may find ourselves unprepared—at sea. It is better to take time by the forelock and keep ourselves ready for all eventualities. I am greatly in favour of all our young men and women having military training before graduation. This will not only improve our national discipline, but will also improve the nation's health and physique. All medical men must get additional training after securing their medical degree in military medical methods. I hope the Government will prepare the necessary schemes and carry them out at an early date, so that we are not found wanting, when required.

Difficulties of the Profession

The independent medical profession is suffering from several difficulties in one place or another. Some of the important ones are :

(*i*) *Application of Shops and Establishments Act to doctors*—Some of the States are trying to apply this Act to medical men. It is grossly unfair and unjustified to do so. The medical practitioner cannot be treated in the same way as an ordinary shopkeeper.

(*ii*) *Rent Control and Eviction Act*—The complaint has been received from some of the States about the harsh working of this Act against the doctors.

(*iii*) *Residential trouble*—The Delhi State authorities have gone out of their way to notify the independent profession regarding their residences not being treated as residences and asking them to quit certain areas because they have a dispensary at the premises for the benefit of their own patients, which the authorities say cannot be allowed. The argument is ludicrous, as a doctor's dispensary is not an open shop and cannot be treated in the same way as other business premises.

(*iv*) *Sales tax and income tax, etc.*—The doctors as a rule do not want to avoid any legitimate taxes, which they owe to the Government, but what they do want is that their point of view should be appreciated and their legitimate grievances attended to with sympathy in all Acts.

I am sure the Central and State Governments will view the doctors' difficulties with sympathy and do the needful and I assure the Governments concerned on behalf of the Association that we shall fully co-operate with them.

Ourselves

Colleagues of the profession, you have placed a heavy burden on my shoulders by conferring this honour on me. The President has now very heavy responsibilities and duties to perform during his term of office. I assure you all that I shall do my best to do all I can for the progress of the Association and the profession.

"And then, when the good receive their portions due,
To this poor wretch will fall a portion too ;
If good, I shall be numbered with the good,
If wicked, through the good find mercy too!"

—OMAR KHAYYAM

Ladies and gentlemen, you and I have a great heritage left to us by the founders of our Association and I hope we, as successors, will not be found wanting. There have been great names in our short but memorable history. Distinctions are invidious, but I consider it my duty to recall two names, whom I call as true builders of this Association—the Late Dr. K. S. Ray and the Late Dr. Bhupal Singh. I have seen them work. They put their heart and soul into organising this Association at a time when the stars and the powers that be were all against us. When the history of the Association comes to be written, these two names will stand out prominently in letters of gold amongst the list of others. I pay my tribute to these early builders known and unknown.

"Lives of (our) great men all remind us,
We can make our lives sublime,
And departing leave behind us
Footprints on the sands of Time.

—LONGFELLOW

It is in this spirit that we have to emulate our predecessors and work.

As a result, the Indian Medical Association today is the truly national medical association of India and as such deserves your support in much greater degree than it has received so far. I am told that the profession is now about 70,000 strong in the country, but the I.M.A. has only about 22,000 of them on its rolls. This is not even a third and the position is completely unsatisfactory. The old adage that in Unity lies Strength, is as good today, as it was in the olden days and as true for us, as it is true for the country. I would like to ask the question, why is it that more than two-thirds of our professional colleagues are outside our membership. Is it due merely to their apathy or is it due to any failings or omission on our part? I prefer to think that it is the first cause, but whatever the reason, it calls for fresh efforts on our part to strengthen the Association and enrol members in larger numbers. Unless

we have strength, we cannot and do not succeed in our efforts to improve our lot. We are at present weak and fragile and because of this, we do not get the respect that we deserve. We are called members of the noble profession. The tribute is very flattering to us (though I do not know if other professions are not noble), but that is not enough. We must try and maintain the prestige of the profession. Only when we keep our self-respect and dignity and raise the prestige of the Association by our precept, conduct and humanitarian treatment of our patients, only then will the Government also respect us and treat us better. Even the press often treats us with scant courtesy. The remedy lies in our own hands—make the Association so strong that others will feel its strength.

We should try and follow our Code of Ethics. Recently at the fifth All-India Drugs Conference, our conduct was severely criticised by some speakers and we found it difficult to defend ourselves on certain points. I am mentioning this incident to impress upon you that our prestige depends on ourselves and let us behave in a way that such criticisms are not levelled against us in future and we raise our prestige as the members of the noble profession.

We must fight out any group or local tendencies, if any, and work as a united body. Therefore, we should recognise the merits of our real workers. You all should strengthen and support the Central Office. It is a matter of regret to me that in spite of repeated appeals and such persuasive tours as of Dr. S. C. Sen, our Building Fund is still far short of our expectations. By now you all know that our building is expected to cost about Rs. 10 lakhs. The Government of India has very kindly agreed to contribute one-fourth of the cost up to a maximum of 2½ lakhs. It is now our moral duty and incumbent on us to collect the remaining Rs. 7½ lakhs as early as possible. If everyone of us put our shoulders to the wheel and contributed our mite the goal is not difficult to attain. We all expect a well kept and well run Central Office and are often critical of its shortcomings, but we must remember that a well kept office must have a proper house and atmosphere to work in. Your own building will give added prestige to the Association. All other national bodies have either their own buildings already or are constructing them. Only we have so far lagged behind. Let not that lacuna remain any longer.

Our office is often criticised in comparison to A.M.A. and the B.M.A. But we must remember the help and strength given to these bodies by the profession in those countries. Our Central Office will work even better, if you give them the same help and the sinews of war as the profession does in those other countries. When a few years ago, the A.M.A. celebrated its centenery, the Government of U.S.A. issued special postage stamps in commemoration of that historical event. This prestige is due to the strength given by the profession. Your Association can have the same prestige in your country and it is in your hands to give it. Let us all then make a united effort and contribute liberally to the Building Fund of the Indian Medical Association and add to its numbers and thus add to the prestige and the strength of the Association.

The Association is publishing 3 Journals—our Journal which comes out so regularly twice a month and the two health journals *Apka Swasthya* and *Your Health*. These two monthly journals deserve much greater help from you, the Governments and the general public than they have received so far. I am sure they will receive it in future in ample measure, as they richly deserve.

Ladies and gentlemen, my task is done. I am grateful to you all for the patient hearing and I close with Swami Vivekananda's prayer:

"Hero, take courage that you are an Indian, I am an Indian and every Indian is my brother. India's soil is my highest heaven, India's good is my good. Thou Lord, Thou Mother of the universe vouchsafe manliness to me,—Thou Mother of strength, take away my unmanliness and make me man", and let the profession work in the spirit—*"Let the giver kneel down and give —Let the receiver stand up and take."*

JAI HIND

SCIENTIFIC SESSIONS

The Scientific Sessions of the 36th All-India Medical Conference were inaugurated on the 27th December, 1959 at 3-30 P.M. at the Conference Pandal by Rani Padmavati Devi, Health Minister of Madhya Pradesh. Seminars, Symposia and Lectures in connection with the Scientific Sessions were held from the 27th to 29th December 1959 at the M. G. M. Medical College, Assembly Hall and Lecture Hall. The Symposium on Medical Education was held on the 27th with Col. Amir Chand as Chairman and Dr. R. V. Sathe, Dr. R. K. Menda and Dr. C. L. Jhaveri as participants, from 6 P.M. to 7-30 P.M.

The programme for the 28th and 29th December was as follows:

28TH DECEMBER, 1959

8-30 A.M. TO 10-30 A.M.:

SYMPOSIUM ON RECENT TRENDS IN DIAGNOSIS AND TREATMENT OF TUBERCULOSIS

CHAIRMAN: DR. R. V. SATHE, BOMBAY

Role of a Practitioner in Tuberculosis Control —DR. N. L. Bordia, M.D., F.C.C.P., Director, National Tuberculosis Institute, Bangalore.

Diagnosis and Medical Aspects of the Treatment of Pulmonary Tuberculosis—DR. S. K. Khanijo, M.D., T.D.D., Department of Tuberculosis, M. G. M. Medical College, Indore.

Modern Trends in Surgery of Pulmonary Tuberculosis—DR. C. K. Gupta, M.D., T.D.D., Department of Tuberculosis, M.G.M. Medical College, Indore.

Childhood Tuberculosis—DR. N. R. Bhandari, M.D., D.C.H., Department of Paediatrics, M. G. M. Medical College, Indore.

8-30 A.M. TO 10-30 A.M.:

SYMPOSIUM ON GLAUCOMA

CHAIRMAN: DR. G. S. WAGLE

Early Diagnosis of Primary Glaucoma—DR. R. C. Agarwal, M.B.B.S., Department of Ophthalmology, M. G. M. Medical College, Indore.

Management of Primary Chronic Glaucoma—DR. B. K. Dhir, M.S., D.O.M.S., Professor and Head of the Department of Ophthalmology, M. G. M. Medical College, Indore.

Secondary Glaucoma, Its Causes and Treatment—DR. D. P. Agarwal, M.S., D.O.M.S., Z.O., Department of Ophthalmology, M. G. M. Medical College, Indore.

Management of a Case of Acute Primary Glaucoma—DR. M. L. Agarwal, M.S., Department of Ophthalmology, M. G. M. Medical, College, Indore.

11-00 A.M. TO 1-00 P.M.:

SYMPOSIUM ON LEUKAEMIAS

CHAIRMAN: DR. G. B. MANKAD

Incidence and Aetiology of Leukaemias—DR. G. C. Sepaha, M.D., Department of Medicine, M. G. M. Medical College, Indore.

Clinical Features of Leukaemias—DR. Akbar Ali, M.R.C.P., D.C.H., Professor and Head of Department of Medicine, M. G. M. Medical College, Indore.

Leukaemia in Children—DR. K. K. Kaul, M.D., D.C.H., Department of Paediatrics, M. G. M. Medical College, Indore.

Diagnostic and Therapeutic Considerations of Leukaemia—DR. P. S. Vasavada, M.D., Department of Medicine, M. G. M. Medical College, Indore.

An Unusual Case of Leukaemia—DR. K. M. Salgia, M.B.B.S., DR. C. M. Rangam, M.D., and DR. G. C. Sepaha, M.D., Indore.

11-00 A.M. TO 1-00 P.M.:

SYMPOSIUM ON MALIGNANT TUMOURS OF COLON AND RECTUM

CHAIRMAN: DR. CHAMANLAL NAGRATH

Anatomy of Colon and Rectum—DR. K. C. Sharma, M.B.B.S., Department of Anatomy, M. G. M. Medical College, Indore.

Proctologist's Aid to a Physician—DR. R. K. Menda, F.R.C.S., Bombay.

Pathology of Tumours of Rectum and Colon—DR. C. M. Rangam, M.D., Professor and Head of the Departments of Pathology & Bacteriology, M. G. M. Medical College, Indore.

Clinical Features and Treatment of Tumours of Colon and Rectum—DR. B. B. Ohri, M.S., F.R.C.S., F.I.C.S., F.A.C.S., Professor and Head of Surgery Department, M. G. M. Medical College, Indore.

2-30 P.M. TO 4-30 P.M.:

PAPERS

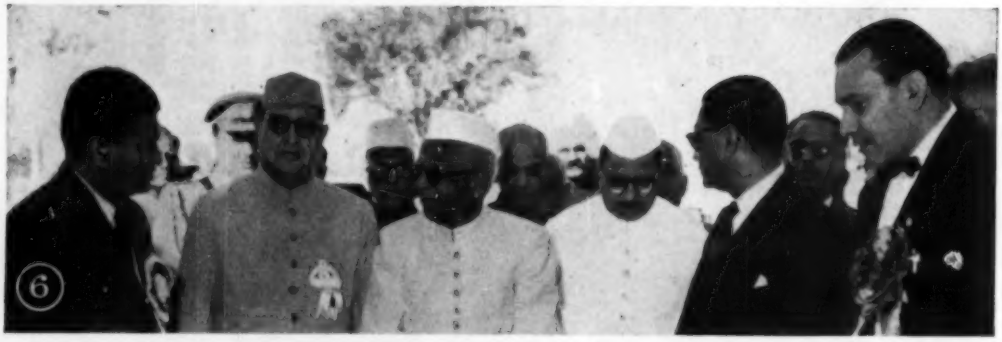
1. Disorder of Ovulation & its Management in Sterility—DR. C. L. Jhaveri, M.D., F.C.P.S., D.G.O., Bombay.
2. Evaluation of Coramine, Cardiazol, Noradrenaline Javahar-Mohara, Corvasymton & Binodrenal in Peripheral Circulatory Failure—DR. C. R. Bhandari, M.D. and DR. G. C. Sepaha, M.D., Indore.
3. Observations on Indigenous Drugs in Chronic Joint Lesions—DR. C. P. Tiwari, M.S. and DR. Mahendra Prasad, M.S., G. R. Medical College, Gwalior.
4. "Heart Attack"—Pitfalls in Diagnosis, and Trends at Prevention in U.S. and U.S.S.R. —DR. Chotubhai Naik, M.R.C.P., F.C.P.S., Ahmedabad.
5. Autopsy Findings in an Unusual Cardiac Lesion—DR. C. M. Rangam, M.D., DR. R. R. Bhagwat, M.D. and DR. C. R. Bhandari, M.D., Indore.

7-00 P.M. TO 8-00 P.M.:

Chinese Medicine—DR. S. C. Sen, B.SC., M.B., D.M.R.E., Delhi.

THIRTY-SIXTH ALL-INDIA MEDICAL CONFERENCE, INDORE, DECEMBER 1959

1. Dr. G. L. Sharma, Chairman of the Reception Committee, welcoming the delegates and guests. 2. Rajyapal Shri H. V. Pataskar delivering the Inaugural Address. 3. Shri D. P. Karmarkar, Union Health Minister, addressing guests, visitors, delegates and members of the Reception Committee. 4. Dr. K. N. Katju, Chief Minister, Madhya Pradesh, inaugurating the Salon of Medical Photographs and the Scientific and Industrial Exhibition.



THIRTY-SIXTH ALL-INDIA MEDICAL CONFERENCE, INDORE, DECEMBER 1959

5. Rani Padmavati Devi, Health Minister, Madhya Pradesh, inaugurating the Scientific Session. 6. Rajyapal Shri H. V. Pataskar (3rd from left), who was At Home at the Government House to delegates and members, talking with some of his guests. 7. A view of the Open Session in progress.

ENGRAVED & PRINTED BY REPRODUCTION SYNDICATE, CALCUTTA 6

29TH DECEMBER, 1959

PAPERS

9-00 A.M. TO 1-00 P.M. :

1. Epilepsy—Abnormal Behaviours Associated with It and Their Treatment—DR. S. G. Shrivastava, M.D., Varanasi.
2. Role of Ophthalmology in General Practice —DR. E. Balakrishnan, M.S., D.O., Egmore, Madras.
3. Leucorrhoea—Its Causes and Management —DR. K. V. Wagh, M.D., F.C.P.S., Gwalior.
4. Inhibition of Lactation with Camphor-in-Oil Cardiazol and Coramine—DR. B. L. Kapur, New Delhi.
5. Observation on the Value of I.V. B-12 in Infective Hepatitis—DR. A. C. S. Jain, M.R.C.P., D.T.M. & H. and DR. D. P. Mukerji, M.D., Indore.
6. I. V. Liver Therapy in Cirrhosis of Liver— DR. Akbar Ali, M.R.C.P., D.C.H. and DR. Malhotra, M.B.B.S., Indore.
7. Tuberculous Meningitis—DR. K. I. Simlot, M.B.B.S. and DR. G. C. Sepaha, M.D., Indore.
8. An Assessment of the Diagnostic Value of Colloidal Gold Sol test in Meningitis—DR. R. R. Bhagwat, M.D. and DR. C. M. Rangam, M.D., Indore.

RESOLUTIONS

The following resolutions were passed at the 36th Session of the All-India Medical Conference held at Indore from 27th to 29th December, 1959 :

RESOLUTION NO, 1

The 36th All-India Medical Conference realising that no significant progress has been made in the over-all health position of the country is firmly of the opinion that in the abiding interest of the nation this deplorable condition should be remedied in the shortest possible time. The earlier the health problems are solved, the better it would be, for the total financial outlay which will eventually be required, if the same be distributed over a long drawn out programme and being convinced of the urgent necessity of reducing the morbidity and mortality rates from preventible diseases and also reducing the birth rate, is strongly of the opinion that at least 15 per cent of the total outlay on the Third Five Year Plan should be earmarked for health programmes.

RESOLUTION NO. 2

The 36th All-India Medical Conference is of the opinion that topmost priority in the Third Five Year Plan under health schemes should be given to safe water supply, drainage and night soil disposal schemes and while noting with satisfaction that the allotment now proposed by the Central Council of Health for this purpose is a definite improvement as compared with the provision in the 2nd Five Year Plan, urges upon the Central and State Governments that in the interest of health of the nation particularly with reference to the control of water borne diseases, safe water supply schemes in all urban and rural areas, should be completed within a minimum period of 10 years and underground drainage be provided in towns and cities having a population of 50 thousand and over ; special attention being given to centres with heavy filarial incidence.

RESOLUTION NO. 3

The 36th All-India Medical Conference while appreciating the decision of the Central Council of Health to eradicate smallpox in the shortest possible time through a centrally sponsored scheme, wishes to draw attention to the fact that the ways and means of its complete eradication are so very well known that it is waste of public funds to start pilot schemes and commissions for this purpose. All that is necessary is the application of accepted methods for the control of the disease and the proper discharge of their responsibilities in this behalf by the various State Governments. This Conference recommends that instead of starting Pilot Schemes for eradication of smallpox, immediate measures should be taken in hand for production of better type of lymph with improved storage and quicker transport to ensure potency of the lymph when used.

This Conference while noting with satisfaction that the control of Malaria has made steady progress and that it is proposed to push on with the work with unabated vigour, is not satisfied with the progress made in the matter of control of two equally important diseases, namely, Leprosy and Filariasis. It urges that in the light of the difficulties encountered in the 2nd Five Year Plan, necessary steps should be taken by the Central and State Governments for complete utilisation of the allotments under these heads.

RESOLUTION NO. 4

As Tuberculosis is still a major cause of morbidity and mortality both amongst the urban and rural population, the 36th All-India Medical Conference is of considered opinion that effective measures be adopted by the Central and State Governments by extension of B.C.G. programme,

provision of larger number of domiciliary treatment teams and arrangement for the segregation of advanced cases and provision of surgical measures in institutions wherever needed, to save the nation from the menace of this disease as a national emergency measure.

Resolution No. 5

The 36th All-India Medical Conference while endorsing the recommendations of the Central Council of Health regarding the upgrading of District Hospitals with specialist departments, so that the highest form of medical relief may be made available at the district level, further urges upon the State and Central Governments, that in translating the proposal into action the desirability and usefulness of making some of these hospitals as nuclei for medical education and training of auxiliary personnel by establishing the proposed new colleges in such centres by which the overcrowding of existing colleges and their concentration in larger cities can be minimised.

Resolution No. 6

Measures so far adopted to provide medical relief and public health services through the primary and subsidiary health centres under the Community Development and National Extension Service Blocks in rural areas, where about 80 per cent of the nation lives, proving unsatisfactory and inadequate, the 36th All-India Medical Conference is of opinion that at least one full fledged health centre with maternity, child welfare and family planning care be provided for a population of 5000 persons for ensuring positive health for the masses to equip them to take effective part in agricultural, industrial and economic regeneration of the country as a whole.

Resolution No. 7

The 36th All-India Medical Conference notes with regret the absence of any specific resolution by the Central Council of Health which met at New Delhi on November 27 and 28, 1959 to consider tentative health programme for Third Five Year Plan, on the subject of school health and health of the pre-school child both of which are important from the national point of view. This Conference is strongly of the opinion that adequate financial allotment should be provided in the Third Five Year Plan, both at the Centre and State levels and for reducing the financial burden on the States, the services of social organisations and the Indian Medical Association may fully be utilised for the purpose.

Resolution No. 8

The 36th All-India Medical Conference notes with satisfaction that a larger allocation than in the II Plan, is proposed in the Third Five Year Plan for Family Planning, because limitation of population is absolutely essential for ensuring better standards of health and living. The Conference, however, reiterates its firm opinion that satisfactory progress in Family Planning will not be attained unless the full cooperation of the entire medical profession and social organisations, especially of organisations receiving assistance from the Social Welfare Board, is mobilised.

Resolution No. 9

(*a*) The 36th All-India Medical Conference notes that "the Central Working Group was unanimously of the opinion that Integrated Courses should be abolished and only Shudh Ayurvedic Course should be followed in all Ayurvedic Institutions." For effective implementation of this decision, the Central and State Governments should not give financial assistance for the promotion of Indigenous Systems of Medicine to institutions offering integrated courses.

(*b*) The 36th All-India Medical Conference is surprised at the request for the establishment of a Council for Indian Medicine parallel to the Medical Council of India. While the Conference is in complete accord with the necessity of establishing separate councils for the control of different systems of medicine which are recognised and aided by Government, it would point out that the use of the term "Indian Medicine" is misleading and if and when such councils are established they should have more appropriate names viz., Council of Ayurvedic Medicine or Council of Unani Medicine.

(*c*) Since the Indian Council of Medical Research does not discriminate between modern and "indigenous" systems of medicine and is equally concerned with the investigation of indigenous preparations, this Conference finds no justification whatsoever in constituting a separate "Central Council of Research for carrying out research in indigenous systems of medicine", especially in view of the fact that there is not sufficient number of Vaids and Hakims with adequate scientific background for research.

(*d*) The 36th All-India Medical Conference feels the necessity of an assessment of the research activities carried out in the different institutions of indigenous medicine so that the future expenditure of large sums of money in this direction may be commensurate with the results so far achieved.

(*e*) The 36th All-India Medical Conference notes with surprise that a claim has been made in the Central Council of Health by the adviser on Indigenous Medicine for participation in the programmes for the eradication and control of communicable diseases. Since such schemes are of a global character and have the sanction of successful implementation in prograssive countries of the world, it would be utterly futile to divert funds for trials of an empirical nature by the followers of systems other than Modern Scientific Medicine.

Resolution No. 10

The 36th All-India Medical Conference while noting with satisfaction that some progress has been made in the production of drugs and medical and surgical appliances, has to observe that this falls far short of even our modest expectations. It therefore urges that adequate funds should be provided in the III Plan for attaining the maximum possible degree of self-sufficiency in these respects on economic basis and programmes drawn up in collaboration with the Union Ministry of Health.

Resolution No. 11

The 36th All-India Medical Conference notes with concern that the allotment for health programmes in the Second Five Year Plan have not been fully and satisfactorily utilised and urges upon the Central and State Governments to formulate detailed plans, well in advance, so that the entire allotment in the Third Five Year Plan can be effectively utilised in time.

Resolution No. 12

This conference endorsed the following recommendation of the Working Committee of the Indian Medical Association.

"The I.M.A. does not agree with the Central Council of Health in the need to regulate and register medical and public health laboratories, dental clinics and x-ray clinics, etc., run by Registered Medical Practitioners of Modern Medicine. This view is based on the fundamental concept that a qualified man is entitled to practise any branch of medicine which he wishes to."

Resolution No. 13

This Conference urges upon the Central and State Governments to declare that dispensing of medicines by doctors on their own prescriptions in their own clinics and dispensaries and to their own patients is not "manufacture" and as such should be exempted from imposition of Sales Tax.

Resolution No. 14

This Conference recommends to the Government of build up Army Reserve of Officers (Medical) both for active and civil defence by providing suitable facilities of training at the earliest. This Conference also urges upon medical men to avail of the same in large numbers. Details of the scheme should be worked out by the authorities in consultation with the Indian Medical Association.

Resolution No. 15

The 36th All-India Medical Conference notes with concern the following amendment to the Pharmacy Act 1948 passed by Parliament.

(iii) Registered in Medical Register of a State, who, although not failing within sub-clause (i) or sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practising the Modern Scientific System of Medicine for the purpose of the Act."

In the opinion of the Conference the amendment is a retrograde step, as it contravenes the provisions of the Indian Medical Council Act and allows wide power to the State Governments to give recognition, at grave risk to the health of the nation, to persons who are not qualified to practise scientific system of medicine. It appeals to the President of India to withhold his assent to the amendment and requests the Indian Medical Association to submit expeditiously, a memorandum to the President of India and the Ministry of Health.

Resolution No. 16

Resolved that in all Medical Colleges, the private practice of whole-time teachers be banned and they be given adequate remuneration as recommended by the Indian Medical Association.

Resolution No. 17

This Conference notes with concern that a large number of Short Service Commissioned Officers in the Armed Forces Medical Service are thrown out of service sometime after 6 years or more. This is detrimental to the interest of the medical personnel concerned and to the recruitment in emergency. This Conference urges upon the Government to absorb them permanently.

Resolution No. 18

The 36th All-India Medical Conference urges on the Union Government to favourably consider the recommendations of the Indian Medical Association as embodied in the memorandum recently

submitted by it requesting amongst other things, that all doctors holding registrable qualifications be placed in one Schedule and in one register.

Acknowledgments

The 36th All-India Medical Conference held at Indore from 27th to 29th December, 1959, records its grateful thanks to:

(i) Shri V. S. Pataskar, Governor of Madhya Pradesh, for so graciously inaugurating the Conference.

(ii) Shri D. P. Karmarkar, the Union Health Minister, for addressing the Conference.

(iii) Shri K. N. Katju, Chief Minister, Madhya Pradesh, for inaugurating the Pharmaceutical Exhibition and the 3rd All-India Salon of Medical Photography.

(iv) Rani Padmavati Devi, Minister for Health, Madhya Pradesh, for inaugurating the Scientific Session of the Conference.

(v) Dr. C. O. Karunakaran, the retiring President of I.M.A.

(vi) Dr. H. N. Shivapuri, the President of the I.M.A., for presiding over the Conference.

(vii) The Chairman, the Organising Secretary and the members of the Reception Committee for making such excellent arrangements for the Conference and their cordial hospitality extended to the members of the Conference.

(viii) The Principal and Staff of the M.G.M. Medical College for their co-operation and for allowing the use of their premises for holding of meetings and seminars.

(ix) The Chairman and Speakers at Scientific Sessions.

(x) Municipal Authorities for rendering all necessary help and facilities for the success of the Conference.

(xi) The Railway Authorities.

(xii) The medical students and others for their whole-hearted co-operation and for acting as volunteers.

(xiii) The Exhibitors for taking part in the Exhibition and making it a success.

(xiv) The Press.

(xv) The authorities of the A.I.R. and the artists for the cultural and entertainment programme.

(xvi) The contractors, workers and all others concerned with the organisation of this successful Conference held at Indore.

I.M.A. OFFICE-BEARERS FOR 1960

The following have been elected office-bearers of the Indian Medical Association for the year 1960 at the Annual Meeting of the Central Council held at Indore on 25-26 December, 1959:

President :

Dr. H. N. Shivapuri (Lucknow)

Vice-Presidents :

1. Dr. B. P. Tribedi (Calcutta)
2. Dr. Shantilal C. Sheth (Bombay)
3. Dr. S. N. Acharya (Puri)

Honorary General Secretary :

Dr. A. P. Mittra (New Delhi)

Honorary Joint Secretaries :

1. Dr. Ved Prakash (New Delhi)
2. Dr. P. C. Bhatla (Delhi)
3. Dr. Salil Dutt (Calcutta)

Honorary Treasurer :

Dr. R. C. Goulatia (New Delhi)

Honorary Assistant Secretaries :

1. Dr. D. S. Mehra (Delhi)
2. Dr. B. N. Chowdhury (Gauhati)
3. Dr. R. N. Gupta (Lucknow)

Honorary Editor, Journal, I.M.A. :

Dr. P. K. Guha (Calcutta)

Honorary Asstt. Editors, Journal, I.M.A. :

1. Dr. H. S. Chakravarti (Calcutta)
2. Dr. Sukomal Sen (Calcutta)

Honorary Secretary, Journal, I.M.A. :

Dr. N. Banerjee (Calcutta)

Members, Journal Committee, I.M.A. :

1. Dr. D. C. Lahiri (Calcutta)
2. Dr. P. C. Sengupta (Calcutta)
3. Dr. B. P. Tribedi (Calcutta)
4. Dr. Souren Sengupta (Calcutta)
5. Dr. H. K. Roy (Calcutta)

Honorary Legal Advisers :

Mr. K. K. Raizada (Delhi)
Mr. R. K. Deb (Calcutta)

Honorary Auditors :

Messrs. B. R. Maheshwari & Co. (Delhi)
Messrs. G. Basu & Co. (Calcutta)

Styptobion

A haemostyptic containing
the vitamins C, K and P (Rutin).

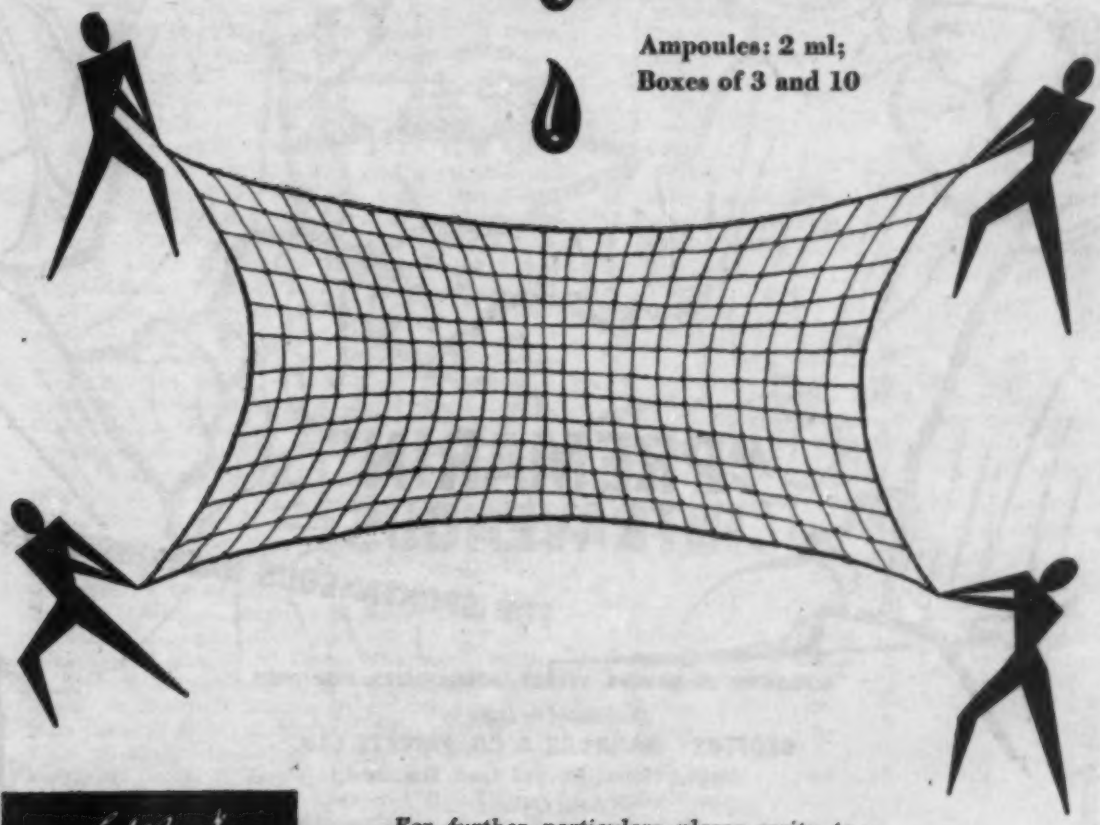
★ In pre-operative and post-operative haemorrhages.

★ Before operations, deliveries, tooth extractions, etc.

★ After surgical or obstetrical intervention.

Tablets: **tubes of 10**
bottles of 50

Ampoules: 2 ml;
Boxes of 3 and 10



E. Merck
DARMSTADT GERMANY

For further particulars please write to:

EMEDIA EXPORT CO. m.b.H., Scientific Division,

15 Cawasji Patel Street, P. O. Box 1313, Bombay 1.

EMP-B

"PREMARIN" INTRAVENOUS

for prompt, safe control of spontaneous bleeding

"PREMARIN" INTRAVENOUS has been used in practically every type of surgery. Not a single instance of toxicity or thrombus formation has been reported in over 400,000 injections of "PREMARIN" administered intravenously. Rapid hemostasis has usually been obtained with only one 20 mg. injection of "PREMARIN" INTRAVENOUS

Availability:
Each "PREMARIN" INTRAVENOUS package provides:
1. One "secule" containing 20 mg. of conjugated estrogens in their natural form.
2. A 5 c.c. vial of sterile diluent with 0.5% Phenol U.S.P.

"PREMARIN" INTRAVENOUS

FOR SPONTANEOUS HAEMORRHAGES

A PRODUCT OF MESSRS. AYERST LABORATORIES, NEW YORK

Distributed in India by

GEOFFREY MANNERS & CO. PRIVATE LTD.

Magnet House, Dougall Road, Bombay-1

Sales Offices:

Y, CALCUTTA, DELHI, MADRAS, BANGALORE, GAUHATI

ANNUAL REPORT OF THE INDIAN MEDICAL ASSOCIATION CENTRAL OFFICE, DELHI FOR THE YEAR 1958-59

I. CONDOLENCE :

The Association expressed and recorded its deep sense of sorrow and grief at the sad demise of :

1. Dr. Raman Thampi (Trivandrum), 2. Dr. S. Pande (Dibrugarh), 3. Dr. M. L. Ghosh (Barrackpore), 4. Dr. Narendra K. Basu (Howrah), 5. Dr. N. C. Bagchi (Muzaffarpur), 6. Dr. K. C. Mitra (Allahabad), 7. Dr. Babu Ram Garg (Muzaffarnagar), 8. Dr. H. K. Das (Gauhati), 9. Dr. Sushil Kumar Roy (Siliguri), 10. Dr. Tulsi Ram (Delhi), 11. Dr. S. Baniyan (Sagar), 12. Dr. K. N. Nagiah Chaudhury (Vijawada), 13. Dr. (Lt. Col.) C. R. Krishnaswamy (Madras), 14. Dr. (Capt.) D. M. De (Vijawada), 15. Dr. G. M. Choudhury (Giridih), 16. Dr. K. Prasad (Siwan), 17. Dr. Nandan Prasad Gupte (Sasaram), 18. Dr. C. S. Chakravorty (Begusarai), 19. Dr. P. N. Mukherjee (Giridih), 20, Dr. Ayale Khan (Dinapur), 21. Dr. Safrul Haq (Hilsa), 22. Dr. (Major) D. N. Gupta (Ranchi), 23. Dr. Raghuvir Singh (Dumraon), 24. Dr. R. Sinha (Calcutta), 25. Dr. Subhan Ali (Deoband), 26. Dr. M. L. Sehgal (Delhi), 27. Dr. C. B. Yamkanmardi (Poona), 28. Dr. K. G. Munsiff (Bombay), 29. Dr. K. B. Bhujanga Rao (Bangalore), 30. Dr. V. S. Visvanathan (Bangalore), 31. Dr. H. R. Sabharwal (Meerut), 32. Dr. J. N. Das (Cuttack), 33. Dr. A. Srinivasan Naidu (Madras), 34. Dr. Amal K. Roychowdhury (Calcutta), 35. Dr. V. Kirloskar (Hyderabad), 36. Dr. N. Kar (Shillong), 37. Dr. B. K. Dasgupta (Calcutta), 38. Shri Manoranjan Adhikari (Member, Journal Office Staff), 39. Dr. A. R. Sane (Poona), 40. Dr. K. W. Paredkar (Jalgaon), 41. Dr. A. Das Gupta (Jaipur), 42. Dr. A. P. Mathur (Jhalwar), 43. Dr. Devi Chand (Delhi), 44. Dr. H. P. Vasudeva (Delhi), 45. Dr. K. N. Nagaish (Vijawada), 46. Dr. Manmohan Bhattacharya (Mathabhanga), 47. Dr. Ranjan Banerjee (Bongaon), 48. Dr. S. N. Prasad (Bangalore), 49. Dr. Raghunath Singh (Jabalpur), 50. Dr. S. D. Vania (Lucknow), 51. Dr. A. Srinivasulu Naidu (Madras), 52. Dr. I. G. K. S. Menon (Nilgiris), 53. Dr. G. K. S. Iyer (Tanjore), 54. Dr. D. L. Athawala (Jalgaon), 55. Dr. (Major) P. F. Fanaken (Nilgiris), 56. Dr. (Mrs.) D. L. Chiranjivi (Madras), 57. Dr. G. Panja (Calcutta), 58. Dr. M. L. Sharma (Aligarh), 59. Dr. N. N. Dutta (Allahabad), 60. Dr. S. K. Shome (Dehra Dun), 61. Dr. B. N. Banerjee (Dibrugarh), 62. Dr. C. P. Bhat (Bhavnagar), 63. Dr. K. V. Thakar (Bhavnagar), 64. Dr. M. N. Surti (Ahmedabad), 65. Dr. R. N. Amin (Ahmedabad), 66. Dr. J. N. Kwatra (Batala), 67. Dr. P. C. Mitra (Ranchi), 68. Dr. R. B. Chandhuri (Patna), 69. Dr. V. N. S. Bhalla (Batala), 70. Dr. A. A. Shukoor (S. Arcot), 71. Dr. J. F. Laskari (Surat), 72. Dr. T. A. Gabriel (Trichur), 73. Dr. N. Chellappan Nair (Trivandrum), 74. Dr. B. A. Rajarathnam (Salem), 75. Dr. R. M. De Majumdar (Kankurgachi), 76. Dr. A. K. Ghosh (Gopalganj), 77. Dr. B. Roy (Ranchi), 78. Dr. M. D. Tewary (Patna), 79. Dr. Narayan Chandra Chakravarti (Dhanbad), 80. Dr. B. N. Banerjee (Darbhanga), 81. Dr. R. B. Chaudhury (Patna), 82. Dr. H. G. Patel (Bombay), 83. Dr. T. K. Shirsagar (Bombay), 84. Dr. C. N. Trivedi (Bombay), 85. Dr. V. G. Parekh (Bombay).

II. MEMBERSHIP :

The membership strength of the Association has risen from 20,007 to 21,656 during the year ending 30th September, 1959. Details of membership strength under each State/Territorial Branch of the I.M.A. as on 30th September, 1959, are appended below :

Name of State/Territorial Branch	No. of Local Branches	Membership Strength
1. Andhra	34	1,209
2. Bengal	101	4,343
3. Assam State Branch ...	27	690
4. Bombay	4	1,077
5. Bihar	78	2,295
6. Delhi	1	736
7. G.S. & Kutch ...	52	1,349
8. Maharashtra	60	1,448
9. Mysore	30	1,470
10. Madhya Pradesh ...	30	881
11. Madras	18	1,578
12. Orissa	15	358
13. Punjab	36	757
14. Rajasthan	24	522
15. Kerala	11	814
16. Uttar Pradesh ...	52	1,900
17. Birat Nagar (Direct) ...	1	13
18. Simur (Direct) ...	1	18
19. Srinagar (Direct) ...	1	109
20. Attached Members ...		14
21. Direct Members ...		95

The Working Committee has approved the formation of the Jammu & Kashmir State Branch at Srinagar with all branches in the State coming under its jurisdiction.

The following new branches were formed during the year :

Name of the Local Branch	State/ Territorial Branch	No. of members	Date of formation
1. Sainthia ...	Bengal	7	1st Oct. '58
2. Murshidabad ...	—do—	12	—do—
3. Ramgarh Cant.	Bihar	9	—do—
4. Rohtas ...	—do—	7	—do—
5. Chatra ...	—do—	9	—do—
6. Kaira ...	G.S. & Kutch	9	—do—
7. Rewa ...	Madhya Pradesh	28	—do—
8. Hoshangabad	—do—	10	—do—
9. Satna ...	—do—	12	—do—
10. Bongaigaon ..	Assam	8	—do—
11. Dhonsiri Bokakhat ...	—do—	6	—do—
12. Baramati ...	Maharashtra	14	—do—

Name of the Local Branch	State/ Territorial Branch	No. of members	Date of formation
13. Chopda ...	Maharashtra	6	1st Oct. '58
14. Malegaon ...	—do—	5	—do—
15. Vengula ... (S. Ratnagiri)	—do—	11	—do—
16. Roorkela ...	Orissa	22	—do—
17. Baud Phulbani	—do—	6	—do—
18. Baran ...	Rajasthan	8	—do—
19. Barabanki ...	Uttar Pradesh	17	—do—
20. Digboi ...	Assam	7	1st April '59
21. Kokrajhar ...	—do—	13	—do—
22. Barachakia ...	Bihar	5	—do—
23. Dehgam ...	G.S. & Kutch	5	—do—
24. Balaghat ...	Madhya Pradesh	9	—do—
25. Hingoli ...	Maharashtra	5	—do—
26. Malkapur ...	—do—	8	—do—
27. Shegaon ...	—do—	8	—do—
28. Kamptee ...	—do—	5	—do—
29. Jind ...	Punjab	6	—do—
30. Kalka ...	—do—	8	—do—
31. Rampurhat ...	Bengal	10	1st Oct. '59
32. Lohardaga ...	Bihar	8	—do—
33. Kumardhubi ...	—do—	19	—do—
34. Shadol ...	Madhya Pradesh	14	—do—

Branches declared suspended during the year were 20
Branches revived during the year were 4
Branches declared defunct during the year were 4

The State/Territorial and Local Branches showed increasing interest and enthusiasm as in previous years in forming new branches of the I.M.A. and their sincere efforts in their activities for the cause of the Association, the medical profession and public health deserve high appreciation.

The Association views with appreciation the response from the Director General, Armed Forces Medical Services, New Delhi, regarding enrolment of military medical personnel as attached members of the I.M.A.

III. CENTRAL FUND CONTRIBUTION :

C.F.C. realised during the year totals Rs. 89,434 and the arrears of C.F.C. amounts to Rs. 18,877. In addition, the old arrears of C.F.C. are as follows :

Year	
1952-53 1953-54 1954-55 1955-56 1956-57 1957-58	Rs. 1,378-50 nP.

The list of arrears of State/Territorial Branch-wise is annexed. It is felt that the Local Branches should make special efforts in remitting C.F.C. in due time and also remit the arrears, if any, on behalf of their members to ensure smooth running of the Central Office, as well as the State/Territorial Branches.

C.F.C. Realisation and Change of Bye-Laws :

The Working Committee while accepting the recommendations of the Sub-Committee appointed to go into the question of C.F.C. arrears, had decided to change the bye-laws accordingly.

IV. ACCOUNTS :

The Audited Accounts for the year are annexed.

V. BRANCH ACTIVITIES :

Reports of branch activities appeared in the pages of the Journal during the year as usual. The State/Territorial Branches have been holding regular meetings of their Councils and have been dealing with the matters of interest to the medical profession. The Local Branches have been holding scientific, clinical and business meetings, once or twice a month on the average.

Practically all State/Territorial Branches organised annual State Conferences as usual and from the reports received they were all very successful functions. All the conferences held scientific sessions and organised pharmaceutical exhibitions. These were attended by a large number of delegates and distinguished visitors.

Many important subjects relating to the medical profession, medical education and public health were discussed at these conferences. Socio-medical and Rural conferences were also held.

VI. WORKING COMMITTEE AND CENTRAL COUNCIL MEETINGS :

The following meetings of the Working Committee and Central Council were held during the year 1958-59 :

I. *Working Committee*

1. 65th meeting of the Working Committee of the I.M.A. held at Cuttack on 22nd and 23rd December, 1958.
2. 66th meeting of the Working Committee of the I.M.A. held at Visakhapatnam on 11th and 12th April, 1959.
3. 67th meeting of the Working Committee of the I.M.A. held at Srinagar (Kashmir) on 20th and 28th September, 1959.

II. *Central Council*

1. 19th Annual Meeting of the Central Council held at Cuttack on 24th and 25th December, 1958.
2. 79th Ordinary Meeting of the Central Council of the I.M.A. held at Cuttack on 28th December, 1958.

VII. STANDING AND OTHER COMMITTEES :

The following Standing Committees and other committees were appointed during the year by the Working Committee and the Central Council.

The State/Territorial Branches were advised to appoint Standing Committees (on the pattern of the I.M.A.) in their States and send periodical reports of their activities in their State/Territories to the Central Office and furnish the Standing Committees of the I.M.A. with up-to-date information.

(1) *National Plans Standing Committee of the I.M.A.*
Members :

1. Lt. Col. Amir Chand (New Delhi)—*Reporter*
2. Dr. A. P. Mittra (New Delhi)
3. Dr. S. C. Sen (New Delhi)
4. Dr. H. N. Shivapuri (Lucknow)
5. Dr. A. K. Sen (Patna)
6. Dr. A. K. Bose (Calcutta)
7. Dr. Ved Prakash—*Hony. Jt. Secretary*, I.M.A. —(New Delhi)—*Convener.*

The Committee has not submitted its recommendations.

(2) *Medical Education Standing Committee of the I.M.A.*
Members :

1. Dr. P. K. Guha (Calcutta)—*Reporter*
2. Lt. Col. Amir Chand (New Delhi)
3. Dr. C. O. Karunakaran (Trivandrum)
4. Dr. B. P. Tribedi (Calcutta)
5. Dr. C. N. Chandrachud (Poona)
6. Dr. R. B. Sathe (Bombay)
7. Dr. A. P. Mittra, *Hony. Gen. Secy.*, I.M.A.— (New Delhi)—*Convener.*

The Committee has not yet submitted its report.

(3) *Insurance Standing Committee of the I.M.A.*
Members :

1. Dr. C. S. Thakar (Bombay)—*Reporter*
2. Dr. S. C. Sen (New Delhi)
3. Dr. H. N. Shivapuri (Lucknow)
4. Dr. Moitryee Bose (Calcutta)
5. Dr. P. N. Sinha (Patna)
6. Dr. Arvind M. Shah (Bombay)
7. Dr. Souren Sengupta (Calcutta)
8. Dr. Y. P. Vasudevan (Coimbatore)
9. Dr. Ved Prakash, *Hony. Jt. Secy.*, I.M.A.— New Delhi—*Convener* with powers to coopt on special occasions.

A. *Life Insurance Corporation*—Dr. C. S. Thakar had been authorised by the Working Committee to negotiate with the L.I.C., with regard to the difficulties of doctors and the main points engaging the attention of the I.M.A. are the following :

(1) Reinstatement and re-employment of all doctors who had an income of Rs. 1,000/- per annum from life insurance work prior to nationalisation of Life Insurance, provided there were no adverse remarks against such doctors.

(2) Non-acceptance by I.M.A. of the retirement as medical examiner at the age of 65 years.

(3) The practice of the L.I.C. to suspend doctors for short periods on the advice of the actuaries of the L.I.C.

(4) The I.M.A. to have a say by some arrangements in cases of disputes arising between individual doctor and the L.I.C.

(5) Doctors being called upon to make a second medical examination for a check up without any payment being made to them by L.I.C.

B. *Employees' State Insurance Scheme*—The Association has been taking a keen interest in the working of E.S.I.C., on the two bodies of which, it has representatives namely Dr. C. S. Thakar and Dr. H. N. Shivapuri. At different sittings of the Working Committee during the year under review there had been deliberations on the working of the Scheme in different States. Some of the difficulties and shortcomings as experienced in Bengal, Bihar, Bombay and Coimbatore were discussed. In Punjab where panel doctors had accepted a Capitation fee of Rs. 13/-, the State Branch was asked by the Working Commitee to dissuade these doctors from accepting such a low figure, while the Association is having negotiations with the authorities.

As a result of the efforts of the Association the Bombay Govt. agreed to subsidise the per family capitation fee by a sum of Rs. 2/- over and above Rs. 15·50 nP. For West Bengal and Madras also the Association has asked for a similar subsidy. Dr. C. S. Thakar and Dr. H. N. Shivapuri who represent us on the Standing Committee of E.S.I.C. and the Medical Benefit Council of E.S.I.C. respectively have submitted their reports. Dr. C. S. Thakar in his report made some special observations which he had gathered during the tour of Calcutta and Assam areas. Working Committee decided that the matter be gone into by the Standing Committee. The I.M.A. is also approaching for a representation on the one man Mudaliar Committee appointed by the Ministry of Labour, to review the working of the Scheme. Meanwhile a memorandum, detailing its views on the Working of the Scheme has to be submitted to the Mudaliar Committee.

(4) *I.M.A. Building Standing Committee* :
Members :

1. Dr. C. S. Thakar (Bombay)
2. Dr. S. C. Sen (New Delhi)
3. Dr. R. C. Goulatia (New Delhi)
4. Dr. A. P. Mittra (New Delhi)
5. President, Delhi Medical Association
6. Secretary, Delhi Medical Association
7. Dr. P. C. Bhatia, *Hony. Jt. Secy.*, I.M.A., (New Delhi)—*Convener.*

The total collection on 30th September, 1950 was Rs. 1,95,456·70 nP. The construction of the Building could not be taken in hand due to the plans not yet having been approved by the Municipal Corporation of Delhi.

The Government of India was approached for a suitable contribution towards the I.M.A. Building Fund. A deputation comprising of Dr. C. O. Karunakaran, Dr. S. C. Sen, Lt. Col. Amir Chand, Dr. A. P. Mittra and Dr. P. C. Dhanda waited upon the Minister of Health, Government of India. The government has as a special case sanctioned a grant of 25 per cent of the total cost of the Building up to a maximum of 2½ lacs. The Association is very grateful to the Government of India for their generous contribution.

The sum of Rs. 8,420·95 nP. being the assets of the former South India Branch of the British Medical Association has been received in the Central Office and earmarked for the I.M.A. Building Fund as desired by the "Successor" Branches of the B.M.A., i.e., Andhra State Branch, Madras State Branch, Mysore State Branch and Kerala State Branch of the I.M.A.

(5) *Family Planning Committee of the I.M.A.*

Members :

1. Dr. H. N. Shivapuri (Lucknow)—*Reporter*
2. Dr. C. O. Karunakaran (Trivandrum)
3. Dr. S. C. Sen (New Delhi)
4. Dr. Souren Sengupta (Calcutta)
5. Dr. A. P. Mittra, *Hony. Gen. Secy.*, I.M.A.—(New Delhi)—*Convener.*

It was decided to send a Memorandum to the Ministry of Health on the Scheme showing the way the I.M.A. can participate in the Family Planning Programme of the Government of India. (Memorandum attached).

(6) *Finance Standing Committee of the I.M.A.*

Members :

1. Dr. Y. P. Vasudevan (Coimbatore)—*Reporter*
2. Dr. H. N. Shivapuri (Lucknow)
3. Dr. K. Rangacharyulu (Hyderabad)
4. Dr. B. K. Modak (Kalyan)
5. Dr. Souren Sengupta (Calcutta)
6. Dr. R. C. Goulatia (New Delhi)
7. Dr. P. C. Bhatia, *Hony. Jt. Secy.*, I.M.A.—(New Delhi)—*Convener.*

VII-A. THE WORKING COMMITTEE :

The following Sub-Committees parallel to those formed by the Health Survey and Development Committees appointed by the Ministry of Health, Government of India were appointed by the Working Committee :

1. *Drugs and Equipment Committee* :

Members :

1. Dr. M. A. Panwala (Bombay)
2. Dr. C. L. Jhaveri (Bombay)
3. Dr. Mangaldas J. Shah (Bombay)
4. Dr. Arvind M. Shah (Bombay).

2. *Population Problem and Family Planning* :

The Family Planning Standing Committee has been entrusted with this work with Dr. C. L. Jhaveri (Bombay) and Dr. Chamanlal M. Mehta (Bombay) as co-opted members.

3. *Public Health and Communicable Diseases Sub-Committee* :

Members :

1. Dr. R. K. Chakravarti (Calcutta)
2. Dr. Salil Dutt (Calcutta)
3. Dr. A. K. Sen (Patna)
4. Dr. S. C. Seal (Calcutta)
5. Dr. S. Bhattacharya (Bettiah, Bihar).

4. *Professional, Education and Research* :

This work has been entrusted to the Standing Committee of I.M.A. on Medical Education.

5. *Medical Relief—both urban and rural* :

This work has been entrusted to the Standing Committee on Family Planning.

6. *Distress Relief Fund* :

The Working Committee sanctioned during the year a sum of Rs. 500/- to the Assam State Branch for medical relief work in Assam.

7. *Shops & Establishment Acts Committee of the I.M.A.*

A Sub-Committee appointed by I.M.A. and comprising of Lt. Col. Amir Chand, Dr. R. C. Goulatia, Dr. B. L. Kapur and Dr. Ved Prakash, waited upon the Labour Minister, Punjab, to get the exemption for the doctors under this Act. The Labour Minister, Punjab, gave a patient hearing but was not prepared to alter the Act, and therefore the Punjab State Branch was proceeding with the writ petition filed in the High Court which has not come up for hearing yet. In Delhi, the Act has been re-imposed after initial exemption granted on representation of the Delhi Medical Association.

The Delhi State Branch was also pursuing the matter and their representatives have met the Dy. Health Minister and the Labour Minister, Government of India, under whom the Delhi Labour Department is now administered. Information is now being collected from State/Terr. Branches and explore the possibility of a combined action by the Indian Medical Association to get exemption for doctors all over the country under such acts in different states.

The following Sub-Committee has been constituted to go into this question :

1. Dr. Ved Prakash (New Delhi)—*Reporter*
2. Dr. P. C. Dhanda (New Delhi)
3. Dr. Y. P. Vasudevan (Coimbatore)
4. Dr. R. C. Goulatia (New Delhi)
5. Dr. M. A. Panwala (Ghatkopar)
6. Lt. Col. Amir Chand (New Delhi)
7. Dr. P. C. Bhatia, *Hony. Jt. Secy.*, I.M.A.—(New Delhi)—*Convener.*

VIII. AMENDMENT TO THE PHARMACY ACT OF 1948 :

The I.M.A. has viewed with concern the recent amendment to the Indian Pharmacy Act of 1948, inasmuch as it empowers the State Governments also to declare by a special or general order, persons other than those already registered with the State Medical Council as "practitioners of modern scientific system of medicine." The Working Committee has decided to make a suitable representation to the Government of India.

IX. MODEL ANTI-QUACKERY BILL :

The Working Committee has taken note of the Model Anti-Quackery Bill, as circulated by the Government of India and has decided to circulate the same along with the comments of the Uttar Pradesh State Branch, I.M.A. to all the State/Territorial Branches for suggestions and comments.

X. TELEPHONE DIRECTORY GROUP ENTRY—MEDICAL PRACTITIONERS :

The Association is pursuing the matter with the authorities regarding the new system of entries on the Telephone Directory which the Telephone Authority were introducing all over the country.

XI. D.T.M. COURSE AT THE SCHOOL OF TROPICAL MEDICINE, CALCUTTA :

Dr. B. P. Tribedi and Dr. P. K. Guha went into the issue and were finally successful in meeting the objects

of the Association in getting reserved 25 seats for Licentiates in the same course as for Diploma for Graduates, as recommended by the Director of the School of Tropical Medicine, Calcutta, at the end of which the Faculty of School of Tropical Medicine would hold a special examination for the candidates and confer, either L.T.M. & H. or Ct. M. & H. Diploma to the successful candidates. The Central Office has been asked by the Working Committee to finalise the matter with the School, keeping in view that the Association preferred a L.T.M. & H. Diploma.

XII. Code of Medical Ethics :

The report of the Sub-Committee on Medical Ethics was finally adopted by the Working Committee and it decided to circulate the report to the State/Territorial and Local Branches of the I.M.A. (Report appended).

XIII. Assistantship, Partnership and Group Practices in India :

A Sub-Committee consisting of Dr. R. C. Goulatia, Dr. B. B. Bhatia and Dr. Ved Prakash was formed to study the subject in question. The report of the Sub-Committee was approved by the Working Committee which directed the Sub-Committee to closely watch the scheme which was proposed to be started in Delhi (by the Delhi State Branch) and other places. The Sub-Committee continues to function and has to report, as and when necessary. (Report appended).

XIV. Formation of a Defence Council for Members of the I.M.A. :

The Sub-Committee comprising of Dr. S. C. Sen, Dr. H. S. Dhupia, and Dr. P. C. Bhatia presented a report recommending the formation of a scheme by the I.M.A. for rendering advice and legal defence to members of the I.M.A. The report has been circulated to the State/Territorial branches and the views of these would be again considered by the Working Committee. (Report appended)

XV. Working Conditions of Tea Garden Doctors :

The Working Committee at its recent meeting in September 1959 held at Srinagar has appointed a Sub Committee with the following :

1. Dr. Souren Sengupta (Calcutta)—*Reporter*
2. Dr. Y. P. Vasudevan (Coimbatore)
3. One nominee of the President of the Assam State Branch, I.M.A.
4. Dr. Salil Dutt, *Hony. Jt. Secy.* I.M.A. (Calcutta)

The terms of reference of this Sub-Committee are to go into the question of working conditions etc., of the Tea Garden doctors and if necessary, to go to the garden areas for on-the-spot study of the situation.

The report of this Sub-Committee is awaited.

XVI. The Indian Medical Council Act as amended in 1956 :

The Report of the Sub-Committee comprising of Drs. C. O. Karunakaran, Chamanlal M. Mehta, Lt. Col. Amir Chand, H. N. Shivapuri and Ved Prakash was considered by the Working Committee and adopted. Copies of the report have been sent to the Ministry of Health and to the Medical Council of India. Those members of the Medical Council of India who were also members of I.M.A. were also approached for helping the cause of the Association.

A representation has been decided to be made to the Ministry of Health, Government of India containing extracts from President's note on the Medical Council of India Act regarding the inordinate delay in constituting the new Council thereby depriving many States of their legitimate representation on the Council.

XVII. I.M.A. Benevolent Fund Scheme :

The Association has failed to get satisfactory advice in the matter from the Superintendent of Insurance, Government of India and is now pursuing the matter with higher authorities.

XVIII. World Medical Association :

The following were elected to represent the I.M.A. at the XIII General Assembly of the World Medical Association.

First Delegate and Leader (*T.A. paid by the I.M.A.*)	Dr. A. P. Mittra (New Delhi)— or Lt. Ct. Col. Amir Chand (New Delhi), if Dr. Mittra was unable to go.
Second Delegate (*at own expense*)	Dr. R. V. Sathe (Bombay)
Alternate Delegate (*at own expense*)	1. Dr. K. V. Swamy (Madras) 2. Dr. S. S. Misra (Lucknow)
Observers (*at own expense*)	1. Dr. (Mrs.) Kashibai R. Sathe (Bombay) 2. Dr. R. K. Menda (Bombay) 3. Dr. C. L. Jhaveri (Bombay) 4. Dr. D. G. Ojha (Jodhpur) 5. Dr. R. Lloyd Cunningham (Bulsar) 6. Dr. D. N. Shivapuri (Delhi) 7. Dr. Y. D. Kapur (Faizabad) 8. Dr. D. S. Khandelwal (Delhi)

XIX. Fifth Commonwealth Medical Conference held in London, July 1959 :

The following were elected to represent the I.M.A. to the V Commonwealth Medical Conference held at London in 1959.

Dr. Ved Prakash (New Delhi)—*Leader and official delegate* (or in case he was not able to attend, Dr. P. C. Bhatia)

The following were elected as other delegates of the I.M.A.

1. Dr. B. K. Anand (New Delhi)
2. Dr. S. S. Misra (Lucknow)
3. Dr. Sangham Lal (New Delhi)
4. Dr. K. L. Wig (New Delhi)

at their own expenses

XX. Second I.M.A. Study Tour 1959 :

The I.M.A. again this year successfully organised a Study Tour to Europe in which 60 members participated.

The tour was made possible due to the special sanction of the Ministries of Finance and External Affairs in view of foreign exchange restriction. The technical arrangements of this tour were made by the travel agents, Messrs. Trade Winds Private Ltd., Bombay.

Dr. P. C. Bhatia Hony. Jt. Secretary I.M.A. was appointed the Leader and Dr. A. Bapiraju (Visakhapatnam) as Deputy Leader.

Third I.M.A. Study Tour to U.S.A.—The Working Committee has accepted the proposal of a visit to U.S.A. by a study group of the I.M.A. next year.

XXI. MEDICAL JOURNALS AND BULLETINS BY STATE/TERRITORIAL BRANCHES OF I.M.A. :

The following resolution was passed at the meeting of the Working Committee held at Visakhapatnam in April, 1959.

"Resolved that the State/Territorial Branches of the I.M.A. be allowed to publish journals or bulletins on the following conditions :

(*i*) that they write nothing inconsistent with the policy and decision of the I.M.A.
(*ii*) that the journal or bulletin deals with State matters only.
(*iii*) that no editorials should be written and
(*iv*) that a copy of each issue is supplied free of charge to the Central Office of the I.M.A. and the Journal Office."

XXII. ELECTION OF PRESIDENT AND VICE-PRESIDENTS OF THE I.M.A. :

The Working Committee adopted the report of the Sub-Committee appointed to go into the procedure of election of President and three Vice-Presidents of the I.M.A. (Report appended)

XXIII. RECOGNITION OF MEDICAL PROFESSION AS ONE OF THE ESSENTIAL SERVICES :

The Indian Medical Association suggested the State/Territorial Branches of the I.M.A. to draw the attention of their respective governments to the clause in the Madras Rent Control Act which gives exemption to doctors in government service and protected them from eviction and also impress upon them that this clause should be extended to all doctors, whether in government service or otherwise and to treat the medical profession as essential service. (Report appended).

XXIV. RESOLUTIONS OF THE CENTRAL COUNCIL OF HEALTH PASSED AT SHILLONG IN JANUARY 1959 :

The I.M.A. has expressed its views on the above resolutions and forwarded it to the Ministry of Health, Government of India. (Report appended)

XXV. EXEMPTION FROM INCOME-TAX OF EXPENSES INCURRED BY MEMBERS OF MEDICAL PROFESSION :

The Central Office is pursuing the matter and after collection of facts and figures from various states a deputation will wait on the authorities.

XXVI. SECOND WORLD CONFERENCE ON MEDICAL EDUCATION HELD IN CHICAGO FROM AUGUST 30 TO SEPTEMBER 4, 1959 :

The following were selected by the Working Committee to represent the I.M.A. :

1. Dr. S. C. Sen (New Delhi), 2. Dr. A. P. Mitra (New Delhi), 3. Dr. R. V. Sathe (Bombay), 4. Dr. R. K. Menda (Bombay), 5. Dr. C. L. Jhaveri (Bombay), 6. Dr. K. C. Chaudhuri (Calcutta), 7. Dr. P. N. Wahi (Agra), 8. Dr. S. M. Ghosal (Patna), 9. Dr. B. K. Anand (New Delhi), 10. S. S. Misra (Lucknow), 11. Dr. D. N. Shivapuri (New Delhi), 12. Dr. D. G. Ojha (Jodhpur).

While electing the above representation of the I.M.A. the Working Committee passed the following resolution :

"Only those members of the I.M.A. who have had a continuous membership of three years or more should be nominated as delegates of the I.M.A. to any outside body."

XXVII. HOLDING OF THE GENERAL ASSEMBLY OF THE W.M.A. IN INDIA IN 1961 :

The I.M.A. has extended invitation to the World Medical Association to hold Fifteenth General Assembly in New Delhi in 1961. The acceptance is awaited.

XXVIII. RESIDENCY AND INTERNSHIP TRAINING ABROAD :

This year the Indian Medical Association has sent 36 doctors for residency and internship training in the U.S.A., Canada and Ireland for the term beginning July 1, 1959. Out of these, seven have been sent to Canada and 28 to U.S.A. One doctor received an appointment in Psychiatry in Dublin, Ireland. Included in the group are six women. The statewise distribution is as follows :

Andhra—3, Bihar—4, Bombay—4, Bengal—8, Madhya Pradesh—4, Delhi—1, Orissa—2, Rajasthan—1, Madras—1, Uttar Pradesh—7 and Kashmir—1. Total—36.

XXIX. GRIEVANCES OF COLLIERY MEDICAL OFFICERS :

The matter has been pursued. The Government of India had again been approached to take action on the recommendations of the Association on the Scales of pay and Service conditions of colliery doctors and other matters affecting the doctors employed in coal mines. A copy of the Agreement reached between the organisations of the employers and the workmen functioning in the Coal Mining Industry received from the Government of India is being studied by the Association and suitable action would be taken in due course.

XXX. THE 35TH ALL-INDIA MEDICAL CONFERENCE 1958, HELD AT CUTTACK :

The 35th session of the All-India Medical Conference, held under the auspices of the Indian Medical Association, opened at Cuttack on the 26th December 1958. About 900 delegates and numerous visitors from different parts of India participated. A number of ministers and secretaries of the Government of Orissa as well as other dignitaries of Cuttack graced the occasion as distinguished visitors. One of the prominent foreign guests was Sir Harry Platt, Kt., the President of the

International Federation of Surgical Colleges. A feeling of co-operation and friendliness permeated the atmosphere.

After the invocation, Dr. G. Patnaik, the Chairman of the Reception Committee, accorded a hearty welcome to the guests and delegates.

The Governor of Orissa, Sri V. N. Sukthankar, inaugurated the conference.

Dr. H. K. Mahtab, the Chief Minister of Orissa, addressed the delegates and visitors assembled at the conference.

Sri D. P. Karmarkar, the Union Health Minister, attended the conference as the Guest of Honour.

He stressed the need for a common forum of official and non-official doctors of the country which would help the government in advising on matters of national health.

The President of the Conference, Dr. C. O. Karunakaran, delivered his presidential address. A vote of thanks was proposed by the Organising Secretary, Dr. R. Mahanti.

A Pharmaceutical Exhibition held under the auspices of the conference was inaugurated by Srimati Basantamanjari Devi, the Health Minister of Orissa.

On the 27th and 28th December, the session of the conference continued. In these two days, important subjects were discussed and a set of resolutions was adopted. The plan of work for the next year was broadly outlined in the Presidential Address and in the discussions and resolutions. The three days' session concluded on the 28th December 1958.

Shri Y. N. Sukthankar was At Home to the delegates and members at an afternoon party at the Cuttack Government House on the 26th December, 1958. The conference dinner was held on the 27th instant at the dining pandal.

XXXI. Resolutions passed at the 35th All-India Medical Conference :

1. The 35th All-India Medical Conference requests the Central and the State Governments to give immediate consideration to the recommendations submitted by the Indian Medical Association with respect to pay scales and status for Medical personnel in various services which should be commensurate with the qualification and the nature of work doctors have to do and the responsibility they have to shoulder.

2. This Conference welcomes the latest decision of the Union Government which incidentally is an endorsement of the stand taken by the I.M.A. for so many years past, that the whole-time salaried medical staff should not be allowed private practice. This Conference, however, considers that the pay scales adopted by the Union Health Ministry, are grossly inadequate and the recommendations submitted by the representatives of the I.M.A. to Medical Education Conference, Pay Commission and the various State Governments in this regard have not been given the consideration that they deserved.

In view of the importance of the duties entrusted to the medical profession manning the medical colleges, it is necessary to ensure that the remuneration decided upon is such as can attract the best talent of the country and the least that can be done in this respect is to allow them the same scales of pay as are allowed to members of the All-India Services (Class I) and to the teaching staff of Technical universities.

Therefore, be it resolved that in the interests of assuring a high standard of teaching and medical research, both the Union and State Governments are requested to accept the recommendations of the I.M.A. in regard to the pay, status, remuneration and allowances to medical teachers instead of those given out in the press note issued by the Union Ministry of Health.

3. This Conference deplores the acute scarcity of important life saving medicines in India due to import restrictions and urges the Government for immediate relaxation of import restrictions of such drugs, the tried and tested substitutes of which are not manufactured in the country at present. This Conference further urges upon the Government to take steps so that these become available while arrangements for their manufacture in India are resolutely expedited.

4. In view of the present unsatisfactory state of health of the Indian people and the necessary measures for preventive and curative medicines being inadequately available and with a view to educate the public in matters of Health and Hygiene, etc., this Conference resolves that a Health Week be observed in all States on an All-India basis, as is done in the State of Bihar on a State basis and requests the members of the Medical Profession in India, Government of India, State Governments and the public in general to support and render all possible help to the I.M.A. for the purpose.

5. This 35th All-India Medical Conference brings to the notice of the Government of India (Ministry of Labour) the recommendations of the Indian Medical Association regarding the medical arrangements in the coal mining areas in India and requests the same for an early implementation of their recommendation.

6. This Conference reiterates the resolution quoted below (Resolution No. 1) of the Bangalore Conference held in 1957 and urges upon the Government of India to so amend the I.M.C. Act 1956 as to include the Medical Licentiates in Schedule I of the Act and in a common register in alphabetical order.

> "This Conference deeply regrets to note the recent amendments to the Indian Medical Council Act placing the medical Licentiates in Schedule III inspite of the unanimous demand of the medical profession to place them in Schedule I.
>
> This Conference therefore urges upon the Central Government to further amend the Indian Medical Council Act 1956 so that the Medical Licentiates are placed in the 1st Schedule of the Register which should be alphabetically arranged."

7. This Conference appreciates the step taken by the Government of Rajasthan in employing a large number of doctors from outside the State in view of shortage of medical personnel in its own area. This Conference further urges upon the various State Governments where a shortage of medical personnel exists to emulate the example of Rajasthan and employ medical personnel without consideration of domicile. This desirable step will ease unemployemnt problem in areas where doctors

are in surplus and will simultaneously relieve shortage of doctors in areas where this shortage is present.

8. This Conference notes with concern the problem of the increasing rate of population in India thus jeopardising the socio-economic progress of the country. It draws the attention of the Working Committee of the I.M.A. to find out ways and means for evolving a scheme for making Family Planning Programme popular with the masses.

9. This Conference regrets very much that in formulating and implementing the first and second Five Year Plans in regard to medical education, medical relief, public health and medical research, neither the Planning Commission nor the Central and State Governments have taken full advantage of the willing co-operation extended by the Indian Medical Association. The Indian Medical Association being the representative national medical association of India, its expert knowledge and advice in these important matters would definitely prove beneficial to the people at large in preventing diseases and in promoting positive health and for the progress of the Plans.

This Conference is of the considered opinion that as the question of promotion of positive health depends chiefly on the standards of nutrition, housing, the supply of safe water and milk and other aspects of environmental hygiene, the Planning Commission, the Government of India, the State Governments and the local bodies must give these matters the highest priority and that these schemes must not be curtailed on the plea of financial insufficiency.

10. *Acknowledgments* :

This 35th All-India Medical Conference held at Cuttack from 26th to 28th December, 1958 records its grateful thanks to the following :

(1) The Governor of Orissa for so graciously inaugurating the Conference.

(2) The Union Health Minister, Shri D. P. Karmarkar for addressing the Conference.

(3) The Chief Minister, Dr. H. K. Mahtab for addressing the Conference.

(4) Dr. D. V. Venkappa, the retiring President of the I.M.A.

(5) The President of the I.M.A., Dr. C. O. Karunakaran, for presiding over the Conference.

(6) The Health Minister of Orissa, Rajmata Shrimati Basanta Manjari Devi for so kindly declaring open the Exhibition.

(7) The Chairman, the Organising Secretary and the members of the Reception Committee for making such excellent arrangements for the Conference and their cordial hospitality extended to the members of the Conference.

(8) The Government of Orissa for rendering all help through all its departments for making the Conference a success.

(9) The Vice-Chancellor of the Utkal University and the authorities of the medical college and the hospitals for their co-operation and for allowing the use of their premises for the Conference and the Delegates.

(10) The Municipal authorities for rendering all necessary help and facilities for the success of the Conference.

(11) The Railway authorities.

(12) The medical students for their whole-hearted co-operation and for acting as volunteers.

(13) The Exhibitors for taking part in the Exhibition and making it a success.

(14) Sir Harry Platt, KT., for his learned lecture.

(15) The participants in the Scientific Section.

(16) The authorities of the Engineering School.

(17) The Press.

(18) The contractors, workers and all others concerned with the organisation of this successful Conference held at Cuttack.

Copies of the above resolutions were sent to the Government of India (all Ministries concerned) and to the State Governments. Some replies have been received and the matters are being followed up.

(Sd.) A. P. MITTRA
Honorary General Secretary

APPENDIX TO ITEM NO. VII(5)

Draft Scheme for Participation of the Indian Medical Association in the Family Planning Programme of the Family Planning Board of the Government of India

The Indian Medical Association has no doubt whatsoever, that it will be impossible to improve health and living standards, with which health is inseparably linked, so long as the present rate of increase in population continues, 70 lakhs annually. While appreciating the importance which the Central and State Governments are giving to this problem, and the keen interest of the Prime Minister and the Health Minister, it has to be recognised that actual achievements fall far short of expectations, and are hardly commensurate with expenditure. From official reports it is seen that so far only about 1 per cent of families have received introduction in family planning. At this rate of progress, it may be impossible to effect tangible fall in birth rate even after the third and fourth plan periods. The abiding interests of the country require that the birth rate, which is now 40 per mille, should be brought down to at least 25 by 1970. This will be unattainable without complete reorientation of policy and procedure.

The Indian Medical Association considers it its duty to the nation and the profession to give the fullest possible support to Family Planning, both by suggestions and by active participation in the implementation of the schemes. With this end in view, the following recommendations are presented to the central Ministry of Health :

I. SERVICE PERSONNEL :

The creation of separate Departments for the Family Planning at State level, has led to a sort of exclusiveness which stands against the full and active participation of the vast majority of the service personnel. Also full-time Family Planning Officers often consider themselves to be birds of passage, marking time for promotion to more congenial posts. To prevent this, Family Planning service should be integrated with Maternity and Child Welfare work and Family Planning should be as much a part of their normal work as Maternity

ANTIRHEUMATIC

ANTISPASMODIC

ANTIPYRETIC

ANALGESIC

NOVALGIN®

Sodium phenyldimethylpyrazolonemethylaminomethane sulphonate

Tablets–0.5 g.
Ampoules (50%)–2 cc and 5 cc
R. C. Bottles (50%)–30 cc

HOECHST

HOECHST
PHARMACEUTICALS
PRIVATE LIMITED
Backbay Reclamation, Bombay-1

Calcutta: 6 Ganesh Chandra Avenue
Madras: 67, Dr. Alagappa Chettiar Road
New Delhi: 3/10 & 11, Asaf Ali Road
Ahmedabad: People's Bank Bldg., Kanaj

HPN. 24-23

"Cutting

the lines of communication"

in psychosomatic

(stress or functional)

disorders

Bellergal *Retard* blocks the passage of excessive stimuli from psyche to soma via the autonomic nervous system.

Bellergal Retard

BY **SANDOZ**

1 tablet
night and morning
for
continuous control

0.2 mg. total alkaloids of belladonna
0.6 mg. Ergotamine Tartrate B.P.
40 mg. Phenobarbitone B.P.

Ergotamine and belladonna suppress the peripheral effects of overstimulation of both sympathetic and parasympathetic divisions. At the same time central sedation with phenobarbitone renders the patient less reactive to mental and emotional stimuli.

Bellergal *Retard* acts at different levels (central and peripheral) to control the somatic manifestations of mental and emotional stress. Bellergal *Retard* 'cuts the lines of communication' between psyche and soma in psychosomatic disorders.

Sandoz Products
Private Limited

Bombay P.O. Box 1540
Calcutta P.O. Box 491
Madras P.O. Box 1725
New Delhi P.O. Box 322

12. 8003

and Child Welfare at all levels. In addition, the entire staff of the Health Services should actively participate in Family Planning activities—Medical Officers by advice and by doing sterilisation operations, wherever facilities exist, and the subordinate personnel, midwives, health visitors, sanitary inspectors and sanitary assistants by carrying incessant propoganda for Family Planning into every home they visit. This, we think, will not only eliminate unhealthy compartmentalisation and duplication, but will ensure greater efficiency.

II. INDEPENDENT PRACTITIONERS :

It will not be possiple to achieve appreciable progress in this work unless the full strength of independent medical practitioners is mobolised. Not only do the independent practitioners represent the major section of the profession, but being permanently settled in a place, they come into more intimate contact with the families of their clientele.

The following scheme is recommended for the participation of the members of the Medical Association in the work.

(1) Clinics will be organised under the auspices of State Branches of the Association in areas which are not served by departmental clinics and are otherwise suitable from the point of view of population and availability of private practitioners.

(2) These clinics will be of two types : (*a*) General and (*b*) Special.

(3) The main objectives of the clinics will be :

(*a*) to conduct education programme impressing the necessity and need for Family Planning.

(*b*) to advise the public about the technique of using various contraceptives and to explain their relative values;

(*c*) to distribute contraceptives; free of cost to the deserving poor and at cost price to those who can pay; and,

(*d*) to do sterilisation operations, vasectomy and tubal ligation, in properly equipped centres;

(4) *Staff* : Each clinic will have :

(*a*) Medical Practitione (1 to 3 in number). It will be advantageous to associate as many medical practitioners, as are willing, with the clinic, subject to a maximum of 3. This will bring more families to the clinic and will be conducive to greater efficiency.

Honorarium—

Rs. 50/- per month for three hours' work, one day every week.

Where there are only two doctors, each may be paid Rs. 75/- for two hours work, two days every week;

And where there is only a single doctor Rs. 100/- for three hours work, twice a week.

(*b*) Full-time Social Worker with training in midwifery—Rs. 125/-

(5) *Special Clinics.* These, in addition to the above, will have facilities for vasectomy and tubal ligation.

The clinic will be paid a minimum of Rs. 20/- per case of vasectomy and a minimum of Rs. 50/- per case of tubal ligation for indigent patients.

(6) *Management.* The clinics, in each State, will be under the State Branches of the Indian Medical Association. The financial grant will be placed at the disposal of the I.M.A. Central Office, Delhi, who will disburse it to the State Branches whose proposals are accepted.

The clinics will maintain day-to-day record of work. Quarterly reports in prescribed forms will be sent to the State Branches with copy to the Central Office. The State Branches will prepare consolidated quarterly reports for the whole State and send them not later than 20th of the month following to the Central Office with their comments, if any. Copies of the consolidated report will also be sent to the Director of Health Services of the State. The Central Office will consolidate all the reports and send them not later than the 30th of the month to the Director of Family Planning in New Delhi.

The clinics will be open to the inspection of the Director of Health Services and his representatives, who will send copies of their inspection notes to the State Branches of the Indian Medical Association.

(7) *Finance.* The average expenditure per clinic is estimated to be about Rs. 4,500/- annually, distributed as follows :

Honorarium for Medical Practitioners—Rs. 50 x 3 x 12	Rs. 1,800
Whole-time social worker—Rs. 125 x 12	Rs. 1,500
	Rs. 3,300
Value of contraceptives to poor patients. (this may be supplied in kind)	Rs. 1,000
Stationery and other expenses ...	Rs. 200
Total	Rs. 4,500

In the first instance the Association shall organise 100 clinics under its State Branches. The total annual expenditure on this will be :

Rs. 4,500 x 100	Rs. 4,50,000
Grant for sterilisation operations ...	Rs. 1,50,000
Initial equipment grant Rs. 400/- for clinic wherever necessary ...	Rs. 20,000
Total ...	Rs. 6,20,000

This grant may be made available to the Indian Medical Association in advance in quarterly instalments.

The Indian Medical Association will constitute a Central Family Planning Committee (there is one already) and the State Branches will also constitute State Committee. The Director of Health Services or his nominee will be a member of the State Committee.

In the light of one year's experience the pilot scheme can be amplified or amended.

(8) *Part-time service in clinics run by Government or other agencies.* One handicap to the extension of family planning, especially in rural areas, has been the shortage of doctors. The members of the Indian Medical Association who live within a radius of five miles from such clinics will be available for part-time work, both in departmental clinics and in clinics run by private agencies. They will have to be paid Rs. 60/- per month for three hours a day, once a week and Rs. 100/- for two days of 3 hours a week. Since these clinics will not be under the Indian Medical Association, the Medical Association will have no responsibility except to make the services of its members available to

the management. When part-time service of doctors is required, the management may be directed to contact the State Branch of the Indian Medical Association. The State Branch will keep a record of all such part-time workers and an annual statement about their number will be sent to the Central Office.

(9) *Training.* Arrangements should be made for short-term training in Family Planning to members who are prepared to start clinics or do part-time work. Arrangements should be made for imparting training at any centre where there are a reasonable number of doctors (not less than 10) willing to avail of it.

III. GENERAL :

(1) The Secretary and/or the President or his nominee of every State Branch should be included in every State Family Planning Board. The Secretary and/or the President of local branches should be included in the District Committees. The inclusion of prominent doctors who have shown conspicuous interest in Family Planning in the State and District Boards for Family Planning will certainly be an advantage but that should not be a reason for omitting official representatives of the Association.

(2) Family Planning weeks should be organised at District and Taluk levels in which the Health Department, the Indian Medical Association and the Education Department should co-operate.

(3) The medical personnel of these clinics should be fully protected against any legal liabilities from any quarters.

(4) *Health Propaganda.* The Indian Medical Association places its lay journals *'Your Health'* (English) and *'Apka Swasthya'* (Hindi) for propaganda and publicity of family planning.

APPENDIX TO ITEM NO. XII

Report of the Sub-Committee on "Quackery and I.M.A. Code of Medical Ethics"

Part—I

1. The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

2. Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

3. A physician should practise a method of healing founded on a scientific basis, and he should not voluntarily associate professionally with anyone who violates this principle.

4. The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honour of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

5. The physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

6. A physician should not dispose of his services under terms of conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

7. In the practice of medicine a physician should limit the source of his professional income to medical service actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patients' ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

8. A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

9. A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

10. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

Part—II

The following advice on some of the main principles of Medical Ethics are recommended for the information and guidance of medical practitioners :

A. SOME OBJECTIONABLE PRACTICES :

Such practices which tend to lower the dignity of the profession should be avoided, viz.,

(*a*) Soliciting private practice either (*i*) personally or (*ii*) by advertisements in newspapers, by placards or by distribution of circulars, cards or handbills or (*iii*) by giving as commission a percentage of fees received or (*iv*) employing or sanctioning employment of agents or canvassers for purpose of procuring patients or (*v*) associating with or accepting employment under any association which practices canvassing or advertising for the purpose of procuring patients.

(*b*) Keeping an open shop, that is, one for the sale of medicines, medical or surgical appliances, etc., other than those prescribed by himself or by another registered practitioner, or styling his dispensary in such a way as to cause it to be taken for a chemists' shop, e.g., "Agarwal & Co., Dispensing Chemists".

(*c*) Manufacturing or taking part in the manufacture or sale of proprietary or patent medicines whose formulae are not disclosed on the label.

(*d*) Giving certificate under their own names to manufacturers of secret remedies, proprietary, or patent medicines.

(*e*) Receiving commissions from agents or tradesmen in return for recommending tradesmen of their wares or from a dentist for recommending patients and paying commissions to hotel proprietors, lodging house keepers, nurses, midwives or others for introduction to cases.

(*f*) Writing prescriptions in a private formula of which only a particular pharmacist has the key. Such secret prescriptions are unprofessional. It does not prevent a practitioner keeping certain standard Lotions or Mixtures as long as a copy of the same is available.

(*g*) Meeting in consultation an unqualified practitioner. There is no objection to a registered practitioner seeing the patient even if already attended by an unqualified practitioner, so long as he gives his advice to the patient directly and does not enter into consultation with the unqualified practitioner.

(*h*) Agreeing to attend any patient on the terms of "no cure, no pay."

(*i*) Exhibiting publicly a scale of fees when such scale is visible from outside the premises. But there is no objection to a scale of fees being put up in the practitioner's waiting room or consulting room.

(*j*) Publishing or sanctioning the publication of reports of cases or operations or other treatments, or letters of thanks from patients, or of any kind of laudatory notices with regard to professional matters with or without photographs in other than professional newspapers or journals.

(*k*) Discussing the futility or utility of different methods of diagnosis or treatment of diseases in the lay press under their names and designations or by correspondence or by granting interviews to the representatives of the lay press, and allowing the same to be published in or under their names.

(*l*) It is not proper for a practitioner to style a private nursing home, dispensary or hospital after that of some renowned personage, e.g., Hippocrates Clinic, or by highsounding medical terms, e.g., Genito-urinary, Venereal and Skin Hospital, Cancer Institute, etc. There would be no objection to a registered practitioner being financially interested in a nursing home either as a part or whole proprietor.

(*m*) It is not in consonance with professional ethics that a medical institution should be advertised in the lay papers unless such institution is registered as a charitable society.

(*n*) No medical practitioner should make use of an unduly large sign-board, and only in cases where there are several entrances, or the building has more than one frontage should more than one sign-board be placed. The board should never indicate more than the name, degree or diploma, and rank or title, if any, with bare details of any particular line of practice. Thus it would be proper to add "Physician" "Surgeon" or "Physician and Surgeon", "Ophthalmic Surgeon", or "Throat and Nose Specialist", or such other single designation of one speciality only. The practitioner should not notify treatment of a disease by a special line of treatment, e.g., treatment of diabetes by insulin.

(*o*) If one has been sentenced to imprisonment by a criminal court for an offence indicating a defect in character, the name of the practitioner is liable to be erased from the membership of the Medical Association and also from the Medical Register.

(*p*) Certificates, Notifications and Reports:

Registered practitioners are in certain cases bound by law to give or may be from time to time called upon or requested to give certificates, notifications, reports and other documents of a kindred character, signed by them in their professional capacity for subsequent use in courts of justice or for administrative purposes, etc. Such documents include among other certificates, notifications, reports:

(*a*) Under the Act relating to lunacy;
(*b*) Under the Factory Act;
(*c*) Under the Acts and Orders of Government relating to the Notification of infectious diseases, e.g., plague;
(*d*) Under the Cantonment Act;
(*e*) In connection with sick benefit, insurance and friendly society;
(*f*) for procuring the issue of passports;
(*g*) for executing attendance in courts of justice in the public services, in public offices or in ordinary employment;
(*h*) In connection with naval and military matters;
(*i*) In connection with medico-legal examinations and reports.

Any registered practitioner who shall be shown to have signed or given under his name and authority any such certificate, notification, report or document of a kindred character, which is untrue, misleading or improper, whether relating to the several matters above specified or otherwise, is liable to have his name erased from the medical register.

Note—The above instances of offences and of professional misconduct which lower the prestige of the profession do not constitute and are not intended to constitute a complete list of such acts. The practitioner should adhere to and be guided by the general principles as laid down in Part I.

B. General Advice of Medical Attendance in General Practice and Consultations:

1. The attendance of a consulting practitioner should cease when the consultation is concluded, unless another appointment is arranged by the medical attendant or unless the patient has dispensed with the services of the medical attendant and engaged those of another. In no case should the consulting practitioner treat the patient alone or hand him over to his assistants or remove him to a nursing home or private hospital, without the knowledge of the medical attendant, or injure the latter's position in any respect.

2. When a consultant in his room sees a patient at the request of a medical practitioner, it is his duty to write to the latter, stating his opinion of the case with the line of treatment he thinks should be adopted, and he should not again see the same patient without a fresh note from his medical attendant.

3. When a practitioner is consulted by a patient whom he has previously attended during the course of the same illness at the request of another practitioner, he may propose a consultation with the said practitioner, but should decline to take charge of the case, unless expressly desired to do so by the said attending practitioner.

4. A practitioner called upon in an emergency to visit a patient, who under ordinary circumstances would have been attended by another practitioner, should when the emergency is provided for, retire in favour of that medical attendant but shall be entitled to charge the patient for his services.

5. A practitioner entrusted with the care of the practice of another member during sickness or absence should not charge the absent practitioner for his services, unless otherwise agreed to.

6. When a medical officer in the service of the State is required to give a second medical opinion in a case of illness or injury, he should do so either after consulting the doctor in attendance or in his absence, after considering an explanatory note from the doctor. It will be incumbent on the employer to inform the doctor in attendance when he refers any case for second medical opinion, and on the patient to take his doctor with him or in his absence an explanatory note.

At such consultation the medical officer should scrupulously avoid making any remarks on the treatment of the patient.

7. There is no rule that medical practitioners should not charge one another for their services, but it should be considered as a pleasure and privilege to give one's services freely to a professional brother, his wife and children, or to a medical student.

8. A medical practitioner is justified in refusing to continue attendance on a case—

(*a*) where he finds another practitioner is in attendance;

(*b*) where other remedies than those prescribed by him are being used;

(*c*) where his remedies are refused;

(*d*) where he is convinced the illness is an imposture, and he is being made a party to false pretence;

(*e*) where the patient persists in the abuse of intoxicants or poisons.

He need not give up a case because he cannot cure it so long as the patient desires his services.

9. A medical practitioner is under an obligation to his patient to preserve his secrets, and in legal matters should, except with patient's consent, answer questions only at the express direction of the judge or magistrate presiding in a court of law.

10. A medical practitioner is not bound to answer questions put to him by policemen, solicitors, vakils or other non-judicial persons.

11. No medical practitioner should volunteer to give evidence in a court of law against any person who has been under his professional care. He should only appear on subpoena.

12. Medical officers of health should not visit a patient under the care of a medical practitioner without notice and should not express doubt or dissent with respect to the diagnosis before the patient or his friends. A medical officer of health or sanitary authority ought not to demand a statement of the symptoms upon which a diagnosis of a notifiable disease was based by any medical practitioner.

13. It is the duty of medical practitioners as citizens to assist cordially in carrying out the provisions of the Public Health Acts especially with regard to the notification of diseases so as to enable the public health, authorities to take preventive measnres to check the spread of epidemics.

APPENDIX TO ITEM NO. XIII

Report of the Sub-Committee on Assistantships, Partnerships and Group Practices

INTRODUCTION :

The Working Committee set up this Sub-Committee in its meeting held at Bangalore on 22nd and 23rd December 1957. Quite a good deal of time was taken to get literature on the subject from other National Medical Associations. The British Medical Association was very helpful in advising on various matters connected with it. The system of appointing locums, assistants and taking partners is very well established in England and after 1948 when the National Health Scheme came into the picture, the British Medical Bureau, an independent profit making concern, which worked on commission basis in which the British Medical Association had a major interest, could not function any more because sale of practices where the National Health Scheme work was being done became illegal and therefore a "Medical Practices Advisory Bureau" was started by the B.M.A. as one of its own departments and this Bureau now handles all the work in connection with appointment of locums, assistants, etc. Actually there is no written rules or constitution for guidance and the work is done on the basis of past experiences gained over a number of years.

OBJECT :

It is commonly observed in India that a busy individual practitioner cannot take holidays or leave station either for a visit abroad or for higher studies, because as soon as he does so the clinic has to be closed. A doctor who has been away for any of the reasons given above, would on his return take time to get all his practice back and would thus suffer financial loss. The locum tenens system widely prevalent in the Western countries is almost unknown in this country. If the Association encourages the system then much needed relief can be obtained for the busy practitioners on the one hand and also give employment to the juniors thus increasing scope of employment. At present there is a constant fear that leaving the practice in another practitioner's hands might mean losing patients to him for all the time to come. Similarly it is observed that there is a tendency to pass on practices from father to son to which there can be no objection but the system of engaging assistants or taking partners in cases where the practice has not to be passed on to the son, is also not widely prevalent in the country with the result that a well established practice

comes to sudden stop if the doctor goes abroad, takes leave or falls ill or dies. It will be seen that such an eventuality can be avoided if an assistant or partner had been taken in good time. Furthermore, the doctor as he gets older can gradually pass on more and more work to the younger man and enjoy his leisure without being burdened with the practice. It will also be seen that a doctor can do better quality of work if he had either an assistant or a partner because he can pass on routine work to the assistant or the junior partner. The advantages from the view point of the assistant or the junior partner are also worthy of note in as much as he does not have to struggle as is usual for a fresher. Furthermore it can become possible for a retiring practitioner to be able to sell his practice to an assistant or a partner by an arrangement lasting over a number of years without causing hardship to the assistant and payments can be made over an extended period on a graduated scale.

DEFINITION :

Principal—The practitioner who takes a Locum or an Assistant is called the "Principal";

2. *Locum*—A doctor who undertakes to do work for another doctor in his absence, for a temporary period is called a locum.
3. *Assistant*—A doctor who undertakes to assist a "Principal" on a part-time or whole-time basis, either with stipulation of becoming a partner of the Principal in due course or without such stipulation.
4. *Partner*—A doctor who enters into an agreement of a partnership with another doctor.
5. *Group Practice*—Cases where a group of doctors work together sharing office premises, staff and other apparatuses.

METHODS :

1. The Association or any of its constituent bodies, either at the Centre or State or Local Branch level shall maintain a list of "Principals" or doctors requiring services of Locum or Assistants. Their requirement will be indexed. Similarly, a list of junior doctors with their qualifications, days of availability shall also be maintained and whenever a Principal requires the services of a Locum, the Association shall arrange to recommend a suitable locum or assistant as the case may be.

2. Another alternative method would be, a small classified advertisement can be inserted in a special column of the Journal of the I.M.A.

3. In case of Partnership, some method would have to be devised but usually in case of partnership, a preliminary period of trial of assistantship, would be necessary and hence it is covered under 1 and 2 above.

The following general conditions are recommended in cases of the locums and partnerships :

1. No principal will employ any person who does not hold registrable qualification under the Indian Medical Council Act.

2. All agreements, excepting those for short time locums, would be in writing and verbal assurance or gentleman's agreement are not recommended.

3. The locums or assistants will receive remuneration at a rate mutually agreed upon between the Principal and the locum or the assistant as the case may be, and the locum or the assistant would be faithful to the Principal.

4. All the moneys earned during the period of tenancy of the locum or the assistant, will be handed over to the principal and the locum or the assistant will keep a true record of the work done and the money received.

EXCEPTIONS :

A. An exception may occasionally be necessary for some special type of work to which both the parties could agree.

B. In the case of a medico-legal case arising during the period of tenancy, but the actual attendance in court occurring afterwards, the locum or the assistant would be entitled to receive the fee though he may have ceased to remain a locum.

5. The locum or the assistant would be entitled to any half day or off day as in practice in that locality.

6. Any reasonable amount spent on conveyance in connection with the practice would be the liability of the Principal, unless otherwise specified.

7. The lodging and boarding arrangements may or may not be the liability of the Principal. In larger towns the locum or the assistant would probably have to make his own arrangements but in smaller places it may be arranged by the principal.

IN CASE OF ASSISTANTS ONLY :

i. *Provision for holidays*—for at least two weeks in a year must be made during the year.

ii. *Provision for sickness*—if any assistant is prevented from sickness to carry on his duties he should be entitled to payment at least for a fixed period. This period must be clearly laid down in any agreement.

iii. *Period of the duration of the termination of the agreement*—can either be fixed or renewable. It may be left indefinite when the usual one month's notice is necessary on either side.

iv. A reasonable restrictive clause as to the practice by the assistant during and after the termination of an agreement.

The purpose of this clause is to prevent the assistant in engaging in unfair competition with the principal. Thus it would be essential to put some restricting clause specifying the radius and the time during which the principal assistant will not start similar practice in that area. However, the clause must not be so rigid as to be unfair to the assistant in starting a practice similar to the practice he has been assisting in but however in restriction should be imposed and the assistant starts a different type of practice, e.g., from the general practice to consultant practice.

This purpose can never be achieved by inserting such preventive clause that on violation of the said clause the offending party would be only liable to pay a predetermined sum by way of compensation.

A provision for the settlement of any disputes by arbitration.

Assistantship with a stipulation for partnership—All the above conditions would apply in addition to that a clause in the agreement detailing the period of trial should definitely be laid down.

APPENDIX TO ITEM NO. XIV

Report of the Sub-Committee on the "Formation of a Defence Council under the Jurisdiction of the I.M.A."

A medical man after attaining qualifications become licensed to practise medicine and for the first time after due registration with the respective medical council in his state, may enjoy the privileges of the medical profession. With the privileges go legal responsibilities which the doctor must fulfil if he is not to expose himself to legal penalties.

The responsibilities begin as soon as the medical graduate or licentiate starts internship. Though sometimes the hospital (as his employer) and sometimes the attending senior Physician or Consultant (as his advisor) may be responsible for his acts, there may be other times when the internee is responsible himself for the things he does or omits to do. The doctor in private practice of course is directly responsible at all times for his own acts in his or her professional capacity as a doctor, including any qualified assistant or dispenser in his or her employment, also practitioners performing the duties of the member by the expression of implied authority of that doctor.

Every doctor in practice, as well as in service should ensure assistance to protect himself against suit for malpractice or negligence. Legal action may be brought against any doctor, no matter how careful and skilful he may be. Suits may arise not necessarily because a doctor has been wrong but because a patient thinks he has been wrong. A suit for malpractice or negligence brought whether it is a valid or a nuisance suit, entails loss of time, much worry or often heavy expenses.

The Sub-Committee is of the opinion that in the event of such an eventuality arising, the individual doctor should get support from the I.M.A. provided he be a member of the I.M.A. The I.M.A. should enforce the help through a Council of its own which may form the executive body of the I.M.A. Medical Protection Society.

The I.M.A. Medical Protection Society could be an independent body but affiliated to the Association or the I.M.A. can appoint a Standing Committee which should directly manage the I.M.A. Medical Protection Society. (Details as per Australian model).

The I.M.A. Medical Protection Society would be a defence organisation for the members of the I.M.A. who would automatically become members of the society by paying annual fees. The fees paid by the members should go into a fund from which help may be provided to any member who needs it. The help to be made available through the I.M.A. Medical Protection Society in the first instance or in gradual stages :

1. Advice about the best way to avoid a suit when threats have been made.
2. If the threat proceeds to suit, the actual conduct of the defence, engagements of solicitor or solicitors, expert evidence, payment of costs of defence etc.
3. The payment of damages should they be awarded.
4. The defence of members prosecuted while disobeying the mandate of the I.M.A. in a common protest against some act or regulations the legality of which is challenged by the I.M.A., if it so decides.

The following information (reproduced below in brief) has been received on the subject which was referred to the national medical associations of England, Ireland, Philippine, New Zealand, Sweden, Canada and America and to the State/Territorial Branches of the I.M.A. for opinion.

I. *British Medical Association*—"This Association does not regularly provide legal defence for its members, although in exceptional circumstances, when there was a principle at stake affecting the profession generally, we might undertake such defence in an individual case. In general, we do not attempt to compete with the medical defence societies which have been specially established for this purpose. There are two of these bodies in London, the Medical Defence Union and the Medical Protection Society, and I enclose some particulars which they have given me for transmission to you."

(A) Medical Defence Union Ltd.—Registered Union—independent organisation, not affiliated or in any way connected with the B.M.A.—membership open to registered medical and licentiate practitioners with principal objects such as—To promote honourable practice and to suppress or prosecute unauthorised practitioners, to advise and defend or assist in defending members in cases where proceedings involving questions of professional principle or otherwise are brought against them or any question or matter which affects directly or indirectly the professional character or interests of the members; to indemnify wholly or in part and on such terms and conditions any member against loss of expenses arising from action proceedings, claims demands by or against him involving a professional principle or affecting the professional character or interest of the members including all incidental or consequential losses, damages, costs charges and experts but exclusive of fines or penalties; to affect suitable insurances, re-insurances, counterinsurances and guarantees and to adopt financial measures for mitigating the risks or liabilities of the Union or its members; to consider, originate, promote and support (so far as is legal) legislative measures likely to benefit the Medical or Dental Profession, and to oppose all measures calculated to injure either of such professions, etc.

The members total 44,000 of the Union have to pay an interim fee and annual subscription and also has to contribute when called upon, the whole amount of his guarantee (not more than £1/-) with an entrance fee 10 shilling and subscription (£1/- for members within three years of registration and £2/- for others). The guarantees by members form a Reserve Fund to be "Called up" only in case of necessity. The management of the affairs of the Union vest in the Council consisting of 12 elected members (every year) and three ex-officio officers.

(B) Medical Protection Society (See under New Zealand).

II. *New Zealand*—"The New Zealand Branch of the British Medical Association has always ensured that faci-

lities are available whereby its members may have what we have called defence insurance. At the present moment the Branch acts as agents for the Medical Protection Society Ltd., Victory House, Leicester Square, London. The Society allows us a commission for this work. The Society for its part employs a firm of legal practitioners in Wellington to represent it in New Zealand, and where a member is in need of legal assistance, or where an action is commenced against a member, these legal practitioners assume control of the matter, acting under the direction of the Medical Protection Society itself. We find that this scheme works extremely well.

"Prior to our arrangements with the Medical Protection Society, we had a master insurance policy with a local insurance company, the Liverpool, London and Globe. We effected a policy with this Company, which allowed us to enrol our members. Where difficulty arose the Company employed a legal firm to cope with the court aspects of the problem. We collected the premiums along with our annual subscription to the Association and remitted them to the Company, again less a small percentage which was allowed us by way of a remuneration for our work."

Medical Profession Society being a company limited by guarantee and not having a capital divided into shares—independent organisation under the Companies Act with the objects as similar to those of the Medical Defence Union and run also on the same lines, management of the company being vested in a Council who may exercise all the power of the company:

Annual subscription	Limit for each claim	Indemnity (Maximum in any one year)
£	£	£
2-10-0	750	1,500
3- 5-0	1,000	2,000
4-10-0	2,000	4,000
6- 5-0	5,000	10,000
8- 0-0	10,000	20,000
9- 0-0	25,000	50,000

III. *Australia*—". . . . no such Defence Council functions within the jurisdiction of the Federal Council of the British Medical Association in Australia.

We are precluded from taking any action in Court in order to safeguard the interests of our members as the conditions of the Memorandum of the Association shall not support with its funds any object or endeavour to impose on or procure to be observed by its members or others, any regulation, restriction or condition which if an object of the Association would make it trade union. However, each of the six States has its own Medical Defence Union which has been sponsored by the profession and to which most of the members subscribe. These unions do give protection against legal actions which may arise from the members' practices. For your information I will give you some details from the New South Wales Medical Defence Union.

The present subscription is one Guinea (£1-1-0) entrance fee and ten guineas (£10-10-0) per annum for full members. For members during the first three years after graduation there is no entrance fee on joining and the annual subscription is five guineas (£5-5-0) per member. In both classes this ensures a cover of £25,000. All the members are re-insured with Lloyds (overseas) underwriters through local agents. Uptil June 1956 the Defence Union paid for these people £3-10-0 per member per annum with the provision of multiples for certain classes of practitioners (radiographers, deep-ray users, and psychiatrists). In effect this means that the re-insurers have contracted to indemnify the Union up to £25,000 per claim of which, however, the Union pays the first £1,000 of any claim. In the last year, although the terms of the policy were unchanged, the re-insurance raised the contribution rate to £6-10-0 per member per annum.

The present "operative clause" with the re-insurance is as follows:

"This insurance is to indemnify the Insured Union subject to the terms as it may become liable to pay for compensation by reason of any claim or claims made against its members for damages as a result of accidental bodily injury, directly and solely caused by the negligence, omission or error of the member personally in his or her professional capacity, as a Doctor of Medicine, including any qualified assistants or dispensers in his or her employment, also locum tenens and practitioners performing the duties of the member by the express or implied authority of that member."

As regards the inclusion of cases from indemnity the position may be stated as follows:

1. In addition to the general discretionary power in the Council to assist members, the Articles entitle members to indemnity, broadly speaking, in respect of liability for damages for professional negligence occurring during their membership but there is a discretion to refuse this indemnity in the following cases, namely:
   (*a*) where any member has been suspended from practice or had his name removed from the register of medical practitioners;
   (*b*) where any member has been reprimanded or cautioned by the disciplinary tribunal or other tribunal set up pursuant to the Medical Practitioners' Act;
   (*c*) where the circumstances out of which the action or proceedings arose involved any act, practice, or conduct calculated to bring discredit on or lower the status of the medical profession or involved in any criminal act; and
   (*d*) where the member was unfinancial at the time.
2. Membership is deemed to cease if a member dies or resigns by notice in writing, if he is expelled or otherwise ceases to be a member by reason of the Articles or if he remains absent from the jurisdiction for a period of more than five consecutive years. However, the indemnity benefits continue in respect of events occurring during membership and in respect of which the exclusions mentioned in (1) above do not apply.

The affairs of the Medical Defence Union in New South Wales are managed by a Council of 13 medical men, all of whom are senior practitioners, and as far as possible, it has been the aim to endeavour to arrange for the various branches of medicine and surgery to be represented. The Union has its own Solicitors and an endeavour is made when litigation takes place to arrange for Counsel of its own choice to act on its behalf. It is felt that over the years such people may be regarded as specialists in medicolegal matter.

The Council is insistent that immediately a member becomes aware of the likelihood of any section proceeding, claim or demand, being made against him, he must at once notify the Medical Defence Union and must not make arrangements for his own legal representation. The Council, in its turn, is obliged to at once notify the local agents of its Re-Insurers of any claim likely to involve a member, whether or not it is thought the Re-Insurers will be involved. The matter is then reported to a firm of solicitors who represent the Underwriters and after consultation with the Union's Solicitor, no doubt advice is given to the overseas Underwriters.

Beyond the foregoing, no additional insurance arrangements are carried.

In addition to this I would mention that approximately ten years ago members voluntarily subscribed to an Independent Organisation Fund. With this money Federal Council successfully challenged the legality of the Government's National Health Act and established the profession's right to continue the practise of medicine as it existed in this country. This action, of course, was taken on behalf of the medical profession as a whole and not in the interests of particular members nor any interested groups."

IV. *Canada*—Closely affiliated with the Canadian Medical Association is the Canadian Medical Protective Association. This is a mutual defence trust which is independently incorporated for the specific purpose of assisting its members involved in malpractice actions. The Canadian Medical Protective Association is the Canadian Medical Profession's mutual Medical Defence Union, begun by and owned by and run by the Canadian Medical Profession sponsored by the Canadian Medical Association and affiliated with it is 9,000 members (more than 50 per cent of doctors in Canada).

Assistance available include advice about suit and how to avoid it, actual conduct of defence solicitor, expert evidence, payment of cost of defence and damages, etc. The membership fee is $20.00 per year. The membership is open to doctors "only licensed" members of Canadian Medical Association or to non-members if recommended by two members of the Protective Association.

V. *Ireland*—The Irish Medical Association has no Defence Council within the jurisdiction of the Association for protection; the members themselves individually subscribe to some medical defence organisation, e.g., the Medical Defence Union or the Medical Protection Society, both of England.

VI. *America*—"The laws of the several states comprising the United States and the tax laws of our Federal government are so written that it would be illegal for the American Medical Association itself to form a defence union. The general practice among practising physicians in the United States is for each to carry insurance for his own personal protection. The members of some state medical associations and the members of some speciality groups have carried this personal insurance with a common company. This has some advantage in lowering rates and in helping to investigate the situation alleged to be negligent. This Department has conducted a study on the subject of malpractice—or as we prefer to call it professional liability. The results of the study have been printed in the Journal. I am sending you reprints of this study." (reprints not received).

VII. Suggestions from I.M.A. State/Territorial Branches whose were the only received.

(*i*) *Madras State Branch*—No comments till details of scheme sent.

(*ii*) *Delhi State Branch*—Favours formation of Defence Council under the jurisdiction of the I.M.A. on state basis with the following modifications :

1. no protection to be given to members if involved in some non-professional and non-ethical action.
2. the services of the legal advisor of every branch (who is already appointed) be availed in the respective states by the Defence Council of the I.M.A.
3. if a member is prosecuted under the laws of the State while obeying the wishes (or mandate) of the Association on a common protest against some Act or Regulation, his defence should be the duty of the Association, and the expenses be borne by the Association (i.e., the Defence Council of the I.M.A.)
4. in all other cases the share of expenses by the Association on the legal Defence should be decided on the merit of the individual case.

(*iii*) *U. P. State Branch*—Agrees with the principal points of Defence Council by the I.M.A. and wants the Central Office to draw out the scheme and circulate it to branches.

APPENDIX TO ITEM NO. XXII

Election of President and three Vice-Presidents of I.M.A.

Report of the Sub-Committee consisting of 1. Col. Amirchand, 2. Dr. S. C. Sen, 3. Dr. R. C. Goulatia and 4. Dr. A. P. Mittra, with powers to co-opt.

appointed by the Working Committee at its meeting held in Delhi from 19th to 21st September, 1958 with a view to going into the existing procedure of the election of the President and the three Vice-Presidents of the Association and submitting its report to the Working Committee for its consideration.

The Working Committee at its meeting held in December, 1954 at Lucknow, appointed a Special Committee which in addition to several other matters, considered the present method of election of President and Vice-Presidents and reported that it appeared to be unsatisfactory. The findings of the Committee on this item are given on Page 7 of its Report.

At its 64th meeting held from 19th to 21st September 1958 at Delhi, the Working Committee appointed a Sub-Committee, as stated above, to go into the existing procedure of the election of the President and Vice-

Synopen®

the antihistamine compound
with good tolerability,
excellent efficacy,
and minimal side-effects

Geigy

Made in India by:
Suhrid Geigy Private Limited
Wadi Wadi, Baroda
Made in Switzerland by
J. R. Geigy S.A., Basle
Suppliers:
Suhrid Geigy Trading
Private Limited,
Express Building, Churchgate,
Bombay-1

for higher, faster blood levels

ACHROMYCIN* V

TETRACYCLINE WITH SODIUM METAPHOSPHATE

Through the addition of sodium metaphosphate to ACHROMYCIN tetracycline **Lederle**, absorption through the gastro-intestinal tract is substantially increased and attained faster—with no increase in daily dosage.

ACHROMYCIN V, therefore, means faster and greater blood concentrations contributing to effective command of infection,—and with maximum patient tolerance.

* Trade Mark

Packages:
Bottles of 8 and 50 capsules (pink) each containing 250 mg. of ACHROMYCIN tetracycline and 380 mg. of sodium metaphosphate.

LEDERLE LABORATORIES (INDIA) PRIVATE LIMITED, P. O. B. 1994, BOMBAY 1

AUREOMYCIN * and **ACHROMYCIN** products are now available at reduced prices.

This illustration is NOT an X'ray view. Doctors and scientists have to see far more detail and accuracy for their diagnosis and therefore they rely on the versatility and high performance of -

ILFORD
x-ray films

made by **Ilford Ltd.-London**

(manufacturers of 90% of the world's requirements of sensitized nuclear research emulsions).

distributed in India by **Ilford-Selo (India) Pvt. Ltd.**
Bombay, Calcutta, Madras.

nipco is. x-ray 52-59

Presidents of the Association and suggest improvements as and where advisable keeping in view the trend of the discussion which took place on the subject at the above said meeting held in Delhi in September, 1958.

The Sub-Committee met on 16th November, 1958 and suggested a procedure (*vide* Appendix A) and circulated it to all the State/Territorial Branches and the Past Presidents for their opinion. The opinions received (*vide* Appendix B) are summarised below :

OPINIONS OF STATE/TERRITORIAL BRANCHES

U.P. State Branch : Not in favour of indirect election; prefers the old procedure of one vote for each branch.

Bihar State Branch : Wants the present method to continue; disfavours indirect election.

Bengal State Branch : Favours direct voting; disfavours indirect election.

Kerala State Branch : Wants the existing procedure to continue.

Mysore State Branch : Wants the existing procedure to continue.

Rajasthan State Branch : Agrees with the suggestions of the Sub-Committee.

Madras State Branch : Favours election of President and Vice-Presidents made by the State/Territorial Councils and not by the Central Councils.

Delhi State Branch : Agrees with the suggestion of the Sub-Committee but wants election by the Central Council and by postal ballot.

Bombay Territorial Branch : Favours nominations by the branches as at present and election by the Central Council by postal ballot.

OPINIONS OF PAST PRESIDENTS

Capt. P. B. Mukerji (Calcutta) : Agrees with the suggestions of the Sub-Committee.

Dr. A. C. Ukil (Calcutta) : Agrees with the suggestions of the Sub-Committee except with regard to clause 3 for which he has suggested an amendment.

Dr. C. S. Thakar (Bombay) : Agrees, but wants to give the proposed right to the local branches in place of State/Territorial Branches and wants postal ballot.

Dr. Chamanlal M. Mehta : Agrees but wants postal ballot.

Dr. S. K. Chaudhuri (Banaras) : Accepts the proposed procedure in principle but suggests that the procedure adopted by other Commonwealth countries be ascertained.

From the above summary, it will be observed that out of the nine State/Territorial Branches, five are against and four for indirect election. Of these four, one favours nominations by the branches as at present and election by State/Territorial Branches and three favours nominations by the State/Territorial Branches and election by the Central Council. Of these three, two want postal ballot and one is agreeable to election at the annual meeting of the Central Council.

All the five past Presidents agree with the suggested procedure in principle, but have suggested some amendments—the most important one being ballot by post and not ballot at the annual Central Council meeting.

The main arguments adduced by those who are against indirect election is that it would amount to an encroachment on the right of franchise of individual members of the Association. Similarly, those who are against election by the Central Council at its annual meeting, plead that many of the local branches cannot send their representatives to attend the Central Council meeting for various reasons and election at the annual meeting by the members of the Central Council present at that meeting will be tantamount to disenfranchising many branches.

The Sub-Committee again met on 24th February 1959. Dr. Y. P. Vasudevan (Coimbatore), Vice-President, I.M.A., who happened to be in Delhi kindly attended the meeting on invitation as a co-opted member. The Sub-Committee took all the arguments stated above, into consideration. It submits that indirect election in a large and growing Organisation like ours, is a well recognised and healthy democratic procedure followed in India and in other countries and is the best method of conducting election on a fully representative basis when direct election has become cumbersome, difficult and unsatisfactory as the existing procedure in our Association has proved to be.

After due deliberations, the sub-Committee recommends the following procedure to the Working Committee for its consideration :

1. Each local branch should nominate one candidate for each of the posts of one President and three Vice-Presidents at a general meeting to be held for this purpose and send the names of such nominees to its State/Territorial Branch by a specified date.

2. The members of the State/Territorial Council should elect out of the names proposed by its constituent local branches one nominee for each of the four posts by postal ballot and send their names to the Central Office by a specified date. The State-Territorial Councils will give a brief history of the candidates for election to President and Vice-Presidents of the I.M.A.

3. The Central Office should ascertain the validity of the nominees proposed by the State/Territorial Councils and thereafter obtain the consent of the nominees to stand for the election by a specified date. This letter should be sent by Registered Acknowledgement Due. If no reply is received by the nominee by a specified date, it would denote his unwillingness to contest the election.

4. The Central Office should then circularise the valid nomination to all the State/Territorial and Local Branches.

5. Final voting for election should be by the Central Council by registered postal ballot. The members of the Central Council should be required to return the ballot papers by registered post by a specified date in time for the August meeting of the Working Committee, at which scrutineers will be appointed by the President and the result of the ballot would be declared as at present before the close of the meeting.

This procedure would initiate the election on the level of the local branches followed by election by their accredited representatives on the State/Territorial Councils and finally by the Central Council which, besides Ex-officio members, consists of branch representatives as elected members and would be wholly democratic at all stages. It maintains the right of the local

branches to make nominations, gives the State/Territorial Branches, on which every local branch of the area is represented, the right to make primary election and ultimately leaves it to the Central Council, which enjoys a broad-based representation of all the branches on it, to make the final election. It does away with all the difficulties of the existing procedure which have necessitated a change, and is democratic, simpler and more practical. Ballot by post both at the State/Territorial level and at the Central Council level will give each of their members, who may not be able to attend their meetings, a chance to exercise his right of voting.

The Sub-Committee feels that if this procedure is adopted, it will obviate the necessity of sending biographical sketches of the candidates and avoid any electioneering propaganda which is not desirable in an Organisation like the I.M.A.

For these reasons, the Sub-Committee hopes that the Working Committee will accept its recommendations unanimously.

Sd/- Amirchand Sd/- S. C. Sen
Sd/- R. C. Goulatia Sd/- A. P. Mittra (*Convener*)
Sd/- Y. P. Vasudevan (*Co-opted*)

APPENDIX TO ITEM NO. XXIII

Rent Control Act—Declaration of the Medical Profession as One of the Essential Services

(1) I have received from your office the following :

1. Control of Rent and Eviction Act 1947 of Uttar Pradesh.
2. The Kerala Building (Lease & Rent Control) Ordinance No. 3 of 1959.
3. The Rajasthan Premises (Control of Rent & Evic tion) Act 1950 as modified up to 31-5-58.
4. The Bihar Buildings (Lease, Rent & Eviction) Control Act 1947 as modified up to 1-10-1955.
5. The Bihar Buildings (Lease, Rent and Eviction) Control (Amendment) Act 1958.
6. The Delhi Rent Control Act 1958 Act No. 50 1958.

(2) I have gone through the Acts carefully as also the Madras Buildings (Lease & Rent Control Act of 1940).

(3) The points for consideration are the sections dealing with eviction of tenants in so far as they cause special hardships and difficulties to Medical Practitioners.

(4) The following are the relevant sections of the Acts relating to eviction

1. UTTAR PRADESH : Section 3 (*a*) to (*g*).
2. KERALA : Section 11, Sub-section 1 to 16 and Sub-sec. (4) (*i*) to (*iv*).
3. RAJASTHAN : Section 130 (*a*) to (*k*).
4. BIHAR : Section 11 (*a*) to (*e*).
5. DELHI : Section 14 (1) (*a*) to (*l*) and (4).
6. MADRAS : Section 7 (1) to (7).

(5) The only clause in the Delhi Rent Control Act of 1958 which is likely to affect Medical Practitioners adversely in the due discharge of their profession is Section 14 (1) (*e*) relating to eviction on the grounds "that the tenant has used the premises for a purpose other than that for which it was let out."

(6) This clause gives the right to Landlords to apply for eviction of a Doctor Tenant who has obviously taken the premises on rent for a residential purpose and who has his clinic in a portion of the premises. A doctor having his clinic in his residence is a common occurrence not only for the convenience of the practising doctor but also in the interest of the ailing public who go to the doctor at all hours. The doctor is on call all the 24 hours and it is not many who can afford to have a clinic separate from their residence and have enough establishment in two places.

(7) It is therefore necessary that there should be an exemption from the operation of the clause relating to the use of the residence of a doctor, also as a clinic.

(8) An amendment to the Delhi Act incorporating a provision like Section 13 of the Madras Act—*vide* para. 10 of this report would meet the needs of the case and the Medical Profession can be exempted by a Government notification from the operation of Section 14 (1) (*c*) regarding the location of clinics in doctors' residence.

(9) *In the Madras Act*—Section 13 gives power to the State Government to exempt any building or class of buildings from all or any of the provisions of the Act by notification. Section 13 is not inconsistent with and is not void under (Constitution of India, Article 14).

(10) 7 (3-A)—No order for eviction shall be passed under sub-section (3).

(*i*) against any tenant who is engaged in any employment or class of employment notified by the State Government as an essential service for the purposes of this Sub-Section unless the Landlord is himself engaged in any employment or class of employment which has been so notified.

(11) The Government Medical Officers of the Madras State are declared as belonging to an essential service and are therefore protected from the operation of certain clauses—7 (3-*a*) of the Act regarding eviction i.e.

7 (3-*a*)—"A landlord may apply to the Controller for an order directing the tenant to put the landlord in possession of the building.

(*i*) "If the landlord requires it for his own occupation and if he has no other for the purpose in the city."

(12) Such a protection for Private Medical Practitioners is also necessary and the State Government which was addressed in the matter by the Madras State Branch, refused to comply with the request to declare the Private Medical Practitioners as essential service for the purposes of the Sub-Section 3 and stated that any case of real hardship to the Private Medical Practitioners under this Sub-Section can be brought to the notice of Government and that the Government would deal with such cases on merits. It is for the State Branch to press again for protecting Private Medical Practitioners by declaring them also as essential service on a par with Government Medical Officers.

Sd./- Y. P. VASUDEVAN
20-9-1959.

INDIAN MEDICAL ASSOCIATION, DELHI
CENTRAL OFFICE

Income and Expenditure Account for the year ended 30th September, 1959

EXPENDITURE	Rs. nP.	INCOME	Rs. nP.	Rs. nP.
To Printing and Stationery	4,799·61	By Central Fund Contribution—		
,, Office Rent	1,296·00	Recovered	89,414·00	
,, General Charges	174·97	Recoverable	19,299·75	
,, Postage & Telegram	4,489·78		1,08,713·75	
,, Uniform	180·38	Less Journal Share ...	18,877·00	
,, Bank Charges	296·30			89,836·75
,, Bad Debts	243·00	,, Affiliation Fees		20·00
,, Ground Rent	932·50	,, Interest		2,687·35
,, Conveyance	211·00	,, Delegation Fees		1,149·25
,, Tea & Tiffin (Staff Members)	305·50	,, Miscellaneous Receipts		40·62
,, Entertainment & Incidental Charges ...	416·47	,, Exp. Residency Posts abroad		1,174·55
,, Travelling Expenses	32,685·11	,, Fees Representatives Central Council (Cuttack)		1,760·00
,, Repairs & Renewals	145·05			
,, Audit fee	250·00			
,, Subscription	5,046·00			
,, Insurance	310·00			
,, Electricity	157·66			
,, Telephone	259·32			
,, Establishment	19,425·86			
,, Expenses 13th General Assembly ...	6,160·00			
,, Expenses President's Tour	3,794·87			
,, Distress Relief Fund (Assam)	500·00			
,, Provident Fund (I.M.A. Share)	742·03			
,, Exp. 5th British Commonwealth Medical Conference	1,337·98			
,, Depreciation	1,030·78			
,, Legal Expenses	930·36			
,, Excess of Income over Expenditure carried to Balance Sheet	10,547·90			
	96,668·52			96,668·52

For B. R. Maheshwari & Company,
Sd/- B. R. MAHESHWARI
[B.A. COM. (HONS.), F.C.A.]
Chartered Accountants
4-12-59.

Indian Medical Association, Delhi
Central Office

Balance Sheet as at 30th September, 1959

Liabilities	Rs. nP.	Rs. nP.	Assets	Rs. nP.	Rs. nP.
Association Fund			Land	...	20,067·69
Balance as per last Balance-Sheet	61,202·20		**Furniture and Fittings**		
Less 25% Surplus of 1957-58 ...	5,128·85		Balance as per last Balance-Sheet	9,788·00	
	56,073·35		Less depreciation	979·00	
Excess of Income over Expenditure	10,547·90				8,809·00
		66,621·25	**Library**		
Reserve Fund			Balance as per last Balance-Sheet	494·00	
Balance as per last Balance-Sheet	98,088·97		Additions during the year ...	21·78	
Add 25% share of Surplus from Journal	8,104·98			515·78	
,, 25% share of Surplus from Journal (Central Office)	5,128·85		Less depreciation	51·78	
,, Interest	4,721·29				464·00
		1,16,644·09	**C.P.C. Due from Branches**		
Research Fund			For the year 1952-53 (considered bad)	186·00	
Balance as per last Balance-Sheet	9,184·16		,, ,, ,, 1953-54 (—do—)	746·00	
Add Interest	521·95		,, ,, ,, 1954-55 (considered doubtful)	437·50	
	9,706·11		,, ,, ,, 1955-56 (—do—)	1,669·50	
Less Scholarship & Expenses	3,000·00		,, ,, ,, 1956-57 (considered good)	3,204·50	
		6,705·51	,, ,, ,, 1957-58 (—do—)	7,537·00	
Building Fund			,, ,, ,, 1958-59 (—do—)	19,299·75	
Balance as per last Balance-Sheet	1,12,781·16				33,080·25
Add donations during the year after lessening the Bank Collection Charges	82,675·54		**Deposits** (for Electricity and Water)	...	300·00
		1,95,456·70	**35th Conference of I.M.A.** (Assam)	...	1,149·25
Distress Relief Fund			**Advance to Staff Against Provident Fund**	...	1,562·47
Balance as per last Balance-Sheet	3,747·28		**Advance to Jeena and Co.** (Against passage for Advance Studies to candidates) ...	...	51,000·00
Add Interest	74·15		**Advance to Kundan Lal & Sons** (Against lighting purpose)	...	100·00
	3,821·43		**Due from a Candidate sent for Post-Graduate Studies** ...	...	73·25
Less Expenses	0·60		**Investment at Cost—**		
		3,820·83	(a) Reserve Fund		
Staff Provident Fund	...	11,293·42	(1) 3% Govt. Conversion loan 1946 Face Value	26,800·00	
C.P.C. Contribution (Received (in Advance)	...	1,628·00			26,150·59
Contribution Payable			(2) Fixed Deposit		
I.M.A., Calcutta	19,929·08		With Central Bank of India Ltd. ...	...	17,547·95
B.M.A. Journal	562·73		With Allahabad Bank Ltd.	...	72,464·65
American Medical Journal ...	92·00		Difference in conversion ...	...	0·03
		20,583·81	(b) Building Fund		
Representation Fee of C.C. (Indore)	...	10·00	Fixed deposit with Allahabad Bank Ltd. ...	1,46,459·54	
Suspense	...	2,104·05	With State Bank of India	28,929·47	
Advance	...	331·81			1,75,389·01
Liabilities—Stale Cheques ...	...	257·72	(c) Short Term F.D.R. with Allahabad Bank Ltd. ...	...	80,655·28
Liabilities			(d) Research Fund		
For Expenses (1957-58) ...	1,080·25		Fixed Deposit with Allahabad Bank Ltd. ...	8,681·00	
,, ,, (1958-59) ...	11,220·54		With Allahabad Bank Ltd. S/account	1,024·51	
Deposits from Candidates for Post Graduate Studies (Pending Adjustment)	92,166·05				9,705·51
Others	2,110·70		(e) Provident Fund		
		1,06,577·54	Post office, Darya Ganj, Delhi	...	8,413·22
Carried over ...		5,32,034·73	**Carried over ...**		5,07,532·15

INDIAN MEDICAL ASSOCIATION, DELHI
CENTRAL OFFICE
Balance Sheet as at 30th September, 1959

LIABILITIES		ASSETS		
Brought forward ...	5,32,034·73	Brought forward ...		5,07,532·15
		(f) Distress Relief Fund Allahabad Bank Ltd.— Saving Bank A/c.		3,820·83
		STATE BANK OF INDIA (Arrears Rent A/c.)		2,850·00
		CASH AND BANK BALANCES		
		With Central Bank of India Ltd., Chandni Chowk, Delhi, in Current A/c.	1,182·38	
		With Central Bank of India Ltd., Darya Ganj, Delhi, in Current A/c.	16,149·88	
		Cash in Hand (As certified by the Hony. General Secy.) ...	237·05	
		Postage & Franking Machine System	251·27	
		Imprest (President)	6·56	
		Imprest	4·61	
				17,831·75
	5,32,034·73			5,32,034·73

Examined and found correct as referred to in our report of even date.

For B. R. Maheshwari & Company
Sd./- B. R. MAHESHWARI
[B.A. COM. (HONS.), F.C.A.]
Chartered Accountants.

AUDITORS' REPORT

The Honorary General Secretary,
Indian Medical Association,
Delhi.

Re: *Audit for the year ended 30th September, 1959.*

Dear Sir,

We have completed the audit of the account of your Central Office and have pleasure in sending you herewith three copies of the Balance-Sheet as at 30th September, '59,, together with the relevant Income and Expenditure Accounts duly verified by us, under reference to this report. We have to make the following observations on these accounts.

1. *Association Fund*—A sum of Rs. 5,128·85 nP., being 25 per cent of the surplus of 1957-58, has been transferred to Reserve Fund from Association Fund.
2. *Reserve Fund*—You will find that there is a difference between the Reserve Fund and the amount invested. It is to the tune of Rs. 480·87 nP. We hope that this will be made good in due course.
3. *Liabilities*—There is standing a sum of Rs. 287·72 nP., under the head of Stale Cheques. This should be written off during this year.
4. *Assets*—The sum of Rs. 73·25 nP. due from a candidate, Dr. J. S. Makhani, is standing for more than two years. This should be written off.
   (2) C.F.C. due from Branches for the year 1952-53 and 1953-54 should also be written off.
5. Two cheques numbering 968085 and 04200 for Rs. 932·50 nP. each have been received back from Land & Development Officer. These must be adjusted during the year.
6. For the following payments made, no receipts have been produced for verification :
   (a) Rs. 553·75 nP. paid to Shri Mam Chand on 7-10-58.
   (b) Rs. 575·00 nP. paid to M/s. Saharwal Tent House on 9-10-58.
   (c) Rs. 386·63 nP. paid to Dr. T. Gopinathan on 17-11-58.
   (d) Rs. 46·00 nP. paid to Kundan Lal & Sons on 20-11-58.
   (e) Rs. 416·47 nP. paid to Shri Yogeshwar Dayal on 24-4-59.

We find that the accounts have been well maintained. We acknowledge the co-operation of the accountant, Shri Bodh Raj, during the course of audit.

Thanking you,

Yours faithfully,
For B. R. Maheshwari & Company,
Sd/- B. R. MAHESHWARI
[B.A. COM. (HONS.), F.C.A.]
Chartered Accountants.

Dated 4-12-59.

OBSERVATIONS ON THE ANNUAL AUDIT BY THE HONORARY AUDITOR *VIDE* HIS LETTER DATED 4TH DECEMBER, 1959

REPLIES (By Central Office I.M.A.)

1. Noted.
2. A sum of Rs. 480·87 nP. relates to interest accrued on Govt. Securities for Rs. 26,800/- during the official year 1958-59. This amount will be adjusted during the year 1959-60.
3. Noted.
4. Noted.
5. Amount of cheques received uncashed has been re-adjusted.
6. Parties have been requested again to acknowledge with official stamped receipt.

INDIAN MEDICAL ASSOCIATION, DELHI
BUDGET ESTIMATES FOR THE YEAR 1959-60

INCOME

	Budgeted for 1958-59 Rs. nP.	Actuals for 1958-59 Rs. nP.	Budgeted for 1959-60 Rs. nP.
Expected realisation of C.F.C. from Local and Direct branches (Central Office)	90,000·00	69,716·00	1,10,000·00
Expected realisation of C.F.C. from local branches (Journal Quota)	22,500·00	18,877·00	22,000·00
Expected realisation of subscription from Direct Members ...	200·00	96·00	168·00
Expected realisation of subscription from Attached Members	500·00	725·00	2,400·00
Contribution from Annual Conference on account of Delegation Fee (50%) as per Rule No. 18 (1) of the I.M.A. Rules to Central Office	2,000·00	1,149·25	1,500·00
Expected realisation of Fee from the Affiliated Branches in Great Britain as per Rule No. 28 (B) of the I.M.A. Rules	20·00	20·00	20·00
Miscellaneous Receipts	20·00	40·62	30·00
Interest	2,000·00	2,687·35	2,500·00
Residency Application Fee A/C. ...	2,500·00	1,174·55	1,500·00
Contribution from local branches Rs. 10/- per member of Central Council for attending the Annual Meeting ...	2,000·00	1,760·00	1,500·00
Totals ...	1,21,740·00	96,245·77	1,41,618·00

EXPENDITURE

	Budgeted for 1958-59 Rs. nP.	Actuals for 1958-59 Rs. nP.	Budgeted for 1959-60 Rs. nP.
Printing & Stationery	6,000·00	4,799·61	6,000·00
Office Rent ...	1,296·00	1,296·00	1,296·00
Charges General ...	500·00	174·97	500·00
Postage & Telegram	4,500·00	4,489·78	5,000·00
Uniform for peons	200·00	180·38	200·00
Bank charges ...	400·00	296·39	400·00
Travelling Expenses			
(i) W.C. meetings	14,000·00	16,605·74	
(ii) C.C. meetings	25,000·00	15,701·03	
(iii) Standing Committee & Sub-committee	6,000·00	—	50,000·00
(iv) Tour by the President or his nominees	5,000·00	4,173·21	—
Repairs & Renewals	300·00	145·05	300·00
Conveyance (local)	400·00	211·00	400·00
Electric Charges ...	250·00	157·66	250·00
Telephone Expenses	400·00	259·32	400·00
Establishment (existing staff and additional staff)* ...	21,000·00	19,425·86	*27,000·00
Books	500·00	15·78	500·00
Share Commonwealth Medical Conferference Pool ...	1,500·00	1,337·98	—
Furniture and equipment	2,000·00	—	2,000·00
Suppl. grant ...	267·00	310·00	300·00
Propaganda ...	500·00	—	501·00
Bad Debts (C.F.C. arrears)	1,500·00	243·00	3,000·00
Subscription to W.M.A.	5,000·00	5,000·00	5,000·00
Passage etc. for one Delegate to General Assembly Suppl. grant ... obtained 5,000·00* by W.C. at its Srinagar meeting 1,160·00*	5,000·00	*6,160·00	5,000·00
Legal expenses ...	2,000·00	930·36	200·00
Provident Fund ...	1,500·00	742·03	1,500·00
Honorarium to Auditors	250·00	250·00	250·00
Journal Quota ...	22,500·00	18,877·00	22,000·00
Distress Relief Fund	500·00	500·00	2,500·00
Entertainment (in connection with visits of distinguished members of the medical profession from abroad) ..	3,500·00	416·47	1,000·00
Ground Rent (Land I.M.A.)	1,000·00	932·50	1,000·00
Tea & Tiffin for office staff	750·00	305·50	750.00
Advt. charges ...	200·00	—	200·00
Expenses in connection with I.M.A. Exhibition ...	500·00	—	500·00
Membership for Indian Science Congress Asson.	17·00	46·00	17·00
Depreciation on Furniture and Books	—	1,030·78	1,100·00
Totals ...	1,34,230·00	1,05,013·40	1,39,064·00

EXPLANATIONS ON BUDGET

A. Income estimated for the year 1958-59 Rs. 1,21,740/-. The actual income during the financial year 1958-59 was Rs. 96,245·77 nP., i.e., Rs. 25,494·23 nP. less than estimated.

B. The expenditure estimated for the year 1958-59 was Rs. 1,34,230/-. The actual expenses incurred during the financial year came to Rs. 1,05,013·40 nP. i.e. Rs. 29,216·60 nP. less than Budgeted.

C. *Insurance Account*—Proposed for the year Rs. 267/-. Actual spent Rs. 310/-. Excess spent Rs. 43/-. Amount excess spent is due to yearly premium paid on additional articles being insured. Sanction for this amount is solicited.

N.B.—There is a deficit of Rs. 8,767·63 nP. instead of Rs. 12,490/- as shown in the Budget for the year 1958-59.

HYDROPROTEIN

PROTEIN HYDROLYSATE

rich in essential amino acids

HYDROPROTEIN (Inj.) contains 5% protein in the form of amino acids and peptides in normal saline.

HYDROPROTEIN (Oral) contains about 20% amino acids and lower peptides each fl. oz. representing 6 gms. of protein. Has been suitably supplemented with carbohydrate and essential aromatics to make it a palatable elixir.

Serves as an invaluable aid in protein starvation and in maintaining nitrogen balance under different pathological conditions associated with impaired absorption of protein foods as in chronic diseases, inadequate synthesis of plasma protein as in liver diseases, increased protein catabolism as in febrile states, surgical operations and excessive loss of protein during pregnancy, lactation, haemorrhage and also as an encanid modifies the gastric juice.

Packings: *Injective* Boxes of 6, 12 & 30 ampu of 25 c c each. Bottle of 200 c c.

Oral Bottle of 10 fl. oz.

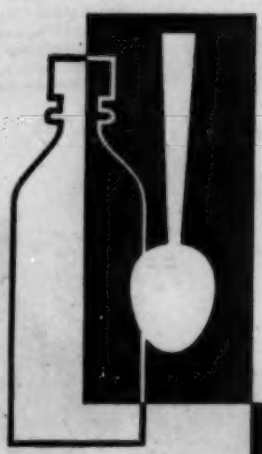
Bengal Immunity Co., Ltd.
CALCUTTA-19

CHLORAMPHYCIN

DRY SYRUP

(Chloramphenicol Monostearoylglycolate - 3)

WHOOPING COUGH



100 years boehringer

C. F. BOEHRINGER & SOEHNE, G.M.B.H., MANNHEIM, GERMANY

Details from

BOEHRINGER-KNOLL PRIVATE LIMITED

UNITED INDIA BUILDING, P. MEHTA ROAD, BOMBAY 1.

ANNUAL REPORT OF THE JOURNAL DEPARTMENT OF I.M.A.

A Review of its Working during the Year 1958-59

(October 1958—September 1959)

The Journal of the I.M.A. completed 28 years of its useful existence in August 1959. Its last financial year which closed on 30th September 1959 passed off fairly smoothly. We, however, regret that during the year under review, 2 or 3 issues of the Journal could not be printed off and circulated to the subscribers and the members of the I.M.A. on the scheduled date. This was partly due to the irregularity in the availability of paper, principally on account of delay in getting import licences and partly to the shortage of the editorial and other staff. The text pages of the Journal have been increased and it has become very difficult to ensure timely publication of two issues every month, with the meagre editorial staff existing heretofore. This is a vital question which is being studied by us. With a small addition and re-organisation in the editorial department, we expect we shall be able to follow the time schedule in the year 1960.

We intended to publish a special number of the Journal on Medical Education during the year under review. But as the Medical Education Standing Committee had not yet put forward its findings and recommendations, such a number could not be published. If the materials become available, we intend to publish this special number during the year 1960. We are fully conscious that more reading materials for the general practitioners should be incorporated in each issue of the journal. We are, therefore, taking steps in that direction, and we hope the position would improve substantially in this respect in the year 1960.

Regarding accommodation, the same story continues. Nothing could be done in this respect as no suitable house for a change was available. The staff is experiencing great difficulty even in their sitting arrangements and the problem is how to arrange the increasing number of books, journals and office files, mailing equipment, blocks and back copies of the Journal in orderly ways. We are glad to put on record that during the second half of the year under review, our accounts department has been re-organised. So far, this re-organisation has proved fairly satisfactory.

During this year, the sad and untimely death of Dr. Ranajit Sinha, the Secretary of the Journal, removed from our midst a successful obstetrician, a respected teacher and above all an amiable and conscientiously dutiful colleague as well as an esteemed friend. Dr. Sinha died on the 4th April 1959 at the age of 53, at a time when he just reached the peak of his career.

"Your Health", our lay health magazine which completes 8 years in December 1959, is having a steady improvement though slow. We are optimistic about its future. Appreciation regarding its printing, get-up and reading materials was pouring in from different quarters but its advertising position, the main source of its revenue, still required consistent and well-planned efforts to make it self-sufficient. Such a journal devoted to promotion of health education should get much more financial assistance from the Government, particularly because we have decided to publish regularly special articles on Family Planning during 1960.

Two hundred and seventy contributions were received for publication in the Journal during the year 1958-59. One hundred and sixty-five contributions with 42 plates besides illustrations in text were published, out of which 87 were original articles, 18 special, 5 practitioners' series, 5 public health, 50 case notes.

Text pages (including supplement) covered 1,028 pages. A subject-wise analysis of the 165 articles published is given below:

Medicine	59
Surgery	34
Pathology & Bacteriology	14
Pharmacology & Therapeutics	5
Nutrition & Biochemistry	7
Dermatology & Venereology	6
Forensic Medicine & Toxicology	1
Ophthalmology	2
Otorhinology	3
Obstetrics & Gynaecology	6
Neurology & Psychiatry	7
Experimental Medicine & Surgery	7
Public Health	4
Medical Education	1
Social Medicine and Preventive Medicine	2
Paediatrics	4

A State and Territorial Branch-wise analysis of 270 articles received during the year was as follows: Andhra 20; Assam 10; Bengal 59; Bihar 23; Bombay 14; Delhi 14; Gujarat and Saurashtra 13; Kerala 5; Madhya Pradesh 16; Madras 13; Maharashtra 2; Mysore 4; Punjab 14; Rajasthan 7; U.P. 40; Foreign countries 15 (U.S.S.R. 5, Ceylon 2, U.K. 2, Canada 1, Tibet 1, Denmark 1, Malaya 1, Rumania 1, Greece 1).

We must express our grateful thanks to our learned contributors from the different parts of the world for sending us valuable scientific papers and we hope we will continue to receive the same willing and spontaneous co-operation from the scientific world as in the past.

The members of the All-India Advisory Board and our learned referees have also placed us under a deep debt of gratitude for the valuable advice given to us.

JOURNAL COMMITTEE

The Journal Committee met regularly once a month and examined all matters pertaining to the Journal and YOUR HEALTH. The Journal Committee consisted of the following members:

C. O. Karunakaran, M.B.B.S., D.T.M. & H., D.P.H., D.B.—President, I.M.A.; P. K. Guha, M.B., M.R.C.S., D.O.M.S.—Editor; H. S. Chakravarti, M.D.—Asst. Editor; Sukomal Sen, M.S. in place of Dr. J. B. Chatterjee, M.D., resigned—Asst. Editor; R. Sinha, B.Sc., M.B., M.R.C.S., L.M., D.G.O., D.R.C.O.G.—Secretary (till 4-4-1959), N. C. Banerjee, M.B., F.R.C.S., D.L.O.—Secretary (from 12-4-1959); A. P. Mittra, L.M.S.S.A.—Hony. General Secretary, I.M.A.; S. Dutta, M.B., D.T.M. & H., Jt. Secretary, I.M.A.; D .C. Lahiri, M.B. Ph.D., D.Bact., D.T.M. & H.; B. P. Tribedi, M.B., D.Bact., F.N.I.; P. C. Sen Gupta, M.B., D.Phil.; S. Sen Gupta, M.B.; A. N. Roy, B.A., L.M.F.

ALL-INDIA ADVISORY BOARD

As in the previous year, the Journal Committee elected an All-India Advisory Board consisting of:

C. M. Mehta, M.B.B.S., F.R.F.P.S.—Bombay. S. C. Sen, M.B., D.M.R.E.—New Delhi. C. O. Karunakaran, M.B.B.S., D.T.M. & H., D.P.H., D.B. — Trivandrum.

U. Krishna Rao, M.B.B.S., M.L.A.—Madras. D. V. Venkappa, L.M.P.—Madras. H. N. Shivapuri, M.B.B.S., Capt., I.M.S. (Retd.)—Lucknow. Robert Heilig, M.D., M.C.P., F.N.I.—Jaipur. K. N. Misra, B.Sc., M.B., D.T.M.—Cuttack. H. C. Mallik, Major—Bihar. A. D. Mukharji—Calcutta. S. P. Nath—Assam. G. S. Melkote—Andhra. F. C. Shori—Punjab.

SECTIONAL REFEREES

The Journal Committee appointed the following referees for the year 1958-59:

DERMATOLOGY:

Dr. G. Panja, M.B., D.Bact., F.N.I.	Calcutta
Major A. N. Chakraborty, M.B., F.R.F.P.S., F.D.S., I.M.S. (Retd.)	"

JURISPRUDENCE AND TOXICOLOGY:

Dr. K. N. Bagchi, B.Sc., M.B., D.R.M., F.R.I.C., F.N.I. ...	"
Dr. B. B. Sarkar, M.B., D.T.M., LL.B.	"

MEDICINE:

Dr. P. Arunachalam, M.D., M.R.C.P., T.D.D., D.M.R., F.C.C.P. ...	Madras
Dr. V. N. Krishnamurthy, M.D. ...	Bangalore
Dr. S. K. Mukherji, M.B.E., M.B., M.R.C.P. ...	Indore
Dr. R. V. Sathe, M.D., M.R.C.P. ...	Bombay
Dr. Mangaldas J. Shah M.R.C.P., D.T.M. & H. ...	"
Dr. S. Sen, B.Sc., M.B., M.R.C.P., F.R.F.P.S., D.T.M. & H. ...	Jamshedpur
Dr. R. N. Chaudhuri, M.B., M.R.C.P., T.D.D., F.N.I. ...	Calcutta
Dr. N. R. Konar, M.D., M.R.C.P. ...	"
Dr. J. B. Chatterjea, M.D. ...	"
Dr. A. Mondal, M.B., Ch.B. ...	"

OBSTETRICS AND GYNAECOLOGY:

Dr. G. C. Patnaik, M.B.B.S., D.T.M., D.G.O., D.R.C.O.G., L.M., D.P.H. ...	Cuttack
Dr. C. L. Jhaveri, M.D., F.C.P.S., D.G.O. ...	Bombay
Dr. M. N. Sarkar, B.A., M.B., F.R.C.S., F.R.C.O.G. ...	Calcutta
Dr. C. L. Mukherji, M.B., M.O., M.R.C.O.G., Ph.D. ...	"
Dr. R. K. K. Thampan, B.A., M.B.B.S., D.G.O., F.R.C.O.G., F.R.C.S. ...	Trivandrum

OPHTHALMOLOGY:

Dr. V. Rangachari, (Lt. Col.), M.C., M.B.B.S., D.O.M.S., M.S. ...	Madras
Dr. K. Sen, M.B., D.O.M.S., F.R.C.S., F.S.M.F. ...	Calcutta

OTO-RHINO-LARYNGOLOGY:

Major K. K. Ghosh, M.B., F.R.C.S., D.L.O. ...	"
Dr. N. Dutt, M.B., F.R.C.S., D.L.O.	"

PATHOLOGY AND BACTERIOLOGY:

Dr. P. N. Wahi, M.D., M.R.C.P., F.N.I. ...	Agra
Dr. V. S. Mangalik, M.D., D.C.P., F.N.I. ...	Lucknow
Dr. D. J. Reddy, M.D. ...	Guntur
Dr. R. Ananthanarayanan, B.A., M.B.B.S., D.Bact., Ph.D. ...	Trivandrum
Dr. S. P. De, M.B., F.A.A.A.Sc. ...	Calcutta
Dr. R. Dutt Chaudhury, B.Sc., M.B.	"
Dr. K. C. Basu Mallik, M.D., Ph.D.	"

PAEDIATRICS:

Dr. Santilal C. Seth, M.D., M.R.C.P.	Bombay

PHARMACOLOGY:

Dr. B. Mukerji, M.D., D.Sc., F.N.I.	Lucknow
Dr. B. C. Bose, D.Sc., M.D. ...	Indore
Dr. S. W. Hardikar, M.D., M.R.C.P.	Hyderabad-Dn.

PHYSIOLOGY AND BIOCHEMISTRY:

Dr. S. P. Niyogi, M.Sc., M.B. ...	Calcutta

PSYCHIATRY AND NEUROLOGY:

Dr. B. Ramamurthy, M.S., F.R.C.S.	Madras
Dr. A. K. Deb, M.Sc., M.B., D.P.M.	Calcutta
Dr. S. N. Banerji, M.B., D.P.H. ...	"

PUBLIC HEALTH:

Prof. S. C. Seal, M.B., D.P.H., Ph.D., F.A.P.H.A. ...	"
Dr. N. Krishnan Tampi, M.B.B.S., B.S.Sc., Dr. P.H. (Johns Hopkins)	Trivandrum
Dr. S. K. Chatterjee, M.B., D.P.H., D.T.M. ...	Calcutta

RADIOLOGY:

Capt. P. B. Mukerji, B.Sc., M.B., F.R.C.S., F.F.R., D.M.R.E., F.I.C.S., F.S.M.F. ...	"
Dr. K. Manjunatha Rai, M.B.B.S., F.R.C.S. ...	Madras
Dr. N. B. Roy, M.B., D.M.R.E., R.C.P.S. ...	Calcutta

SURGERY:

Dr. Jacob Chandy, M.D., M.Sc., F.R.C.S., F.A.C.S., F.I.C.S. ...	Vellore
Dr. Reeve H. Betts, M.D. ...	"
Dr. C. Raghavachari, F.R.C.S. ...	Madras
Dr. R. Kesavan Nayar, F.R.C.S. ...	Trivandrum
Dr. B. B. Ohri, M.S., F.R.C.S., F.I.C.S., F.A.C.S. ...	Indore
Dr. B. L. Balkrishna Rao, B.Sc., M.B.B.S., F.A.S.C., F.I.R.S. ...	Gwalior
Dr. K. G. Gharpure, M.S., F.R.C.S., F.I.C.S. ...	Poona
Dr. P. D. Mathur, M.B.B.S., M.S., F.R.C.S., F.A.C.S. ...	Jaipur
Dr. Shantilal J. Mehta, F.R.C.S. ...	Bombay
Dr. P. Chatterjee, M.B., F.R.C.S. ...	Calcutta
Dr. A. K. Saha, B.Sc., M.B., F.R.C.S., M.C.H., Orth. ...	"
Dr. A. K. Basu, M.S., F.R.C.S., F.A.C.S. ...	"
Dr. M. Mukherjee, M.S., F.R.C.S. ...	"

TUBERCULOSIS:

Dr. B. B. Yodh, M.B.B.S., M.R.C.P., M.R.C.S. ...	Bombay
Dr. P. K. Sen, M.B., M.D., Ph.D., T.D.D. ...	Calcutta
Dr. P. K. Chatterjee, M.B., M.R.C.P., F.C.C.P. ...	"

VENEREOLOGY:

Dr. R. V. Rajam, M.S., F.R.C.S., F.R.S. ...	Madras
Dr. S. Ghosh, M.B., F.R.C.S. ...	Calcutta

Sd/- P. K. Guha
Hony. Editor
Journal of the Indian Medical Association

Sd/- N. C. Banerjee
Hony. Secretary
Journal of the Indian Medical Association

"YOUR HEALTH" OF THE INDIAN MEDICAL ASSOCIATION

Budget Estimates for the year 1959-60

23, Samavaya Mansions, Corporation Place, Calcutta 13

INCOME

Name of Heads	Budget for 1959-60
1. **Advertisement**	12,500,00
2. **Subscription**	6,500,00
3. **Sale of "Your Health"**	
(a) Sale of Your Health (current year) ...	25,00
(b) Sale of back copies	130,00
(c) Reprints of articles	25,00
	180,00
4. **Other Receipts**	
(a) Miscellaneous Receipt	10,00
(b) Interest	10,00
	20,00
5. **Contribution from the Journal of the Indian Medical Association**	1,000,00
6. Expected Grant from the Government of India for propaganda purposes relating to Family Planning	24,000,00
	44,200,00
Excess of Expenditure over Income ...	3,000,00
	47,200,00

EXPENDITURE

Name of Heads	Budget for 1959-60
1. **Publication of "Your Heath" Expenses**	
(a) Paper consumed for Printing ...	5,200,00
(b) Printing Charges	5,800,00
(c) Blocks & Designs	2,700,00
(d) Binding & Wrapping	1,300,00
	15,000,00
2. **Despatch of 'Your Health' Expenses**	
((a) Postage & Telegrams	920,00
(b) Carriage & Freight	50,00
(c) Embossing Addressing Plates ...	30,00
	1,000,00
3. **Office and Establishment Expenses**	
(a) Salary & Establishment	4,800,00
(b) Staff Provident Fund contribution ...	400,00
(c) Stationery	200,00
(d) Conveyance Charges	50,00
(e) General Charges	200,00
(f) Printing Charges—General ...	350,00
	6,000,00
4. **Propaganda & Publicity Expenses** ...	100,00
5. **Educational Expenses** Subscription to Newspapers & Periodicals	200,00
6. **Honorarium to Auditors (Audit Fee)**	200,00
7. **Agency Commission**	500,00
8. **Other Expenses**	
(a) Bank Charges	60,00
(b) Honorarium to Authors for special contribution	40,00
(c) Dead Stores (paper)	50,00
	150,00
9. **Depreciation**	50,00
10. Additional Expenses for paper, printing binding and postage for 1000 additional copies—4 additional pages ...	9,000,00
Paper, printing, binding etc. for 25,000 Reprints of the Family Planning materials per year	10,000,00
Grant for additional Establishment and other expenses	5,000,00
	24,000,00
	47,200,00

JOURNAL OF THE INDIAN MEDICAL ASSOCIATION
23, Samavaya Mansions, Corporation Place, Calcutta 13
Budget Estimates for the year 1959-60
(October 1959—September 1960)

INCOME

	Actuals for 1956-57	Actuals for 1957-58	Budget for 1958-59	Actuals for 1958-59	Budget Estimates for 1959-60
1. Advertisement less Agency Commission ...	3,28,663.15	3,22,751.74	3,32,000.00	3,55,198.55	3,89,000.00
2. Journal Quota of C.F.C. ...	17,490.75	17,504.00	22,500.00	17,747.00	27,000.00
3. Subscription ...	6,612.24	7,292.83	7,000.00	9,330.49	9,000.00
	3,52,766.14	3,47,548.57	3,61,500.00	3,82,276.04	4,25,000.00
4. Sale of Books (Refresher Course) ...	2,869.61	2,889.60	2,000.00	611.20	1,000.00
5. Stock of Refresher Course Books in hand ...	1,433.16	6,973.66	4,800.00	789.30	1,000.00
	4,302.77	9,863.26	6,800.00	1,400.50	2,000.00
6. Sale of Journals & Reprints of Articles :					
(a) Sale of Journals—Current year ...	184.53	131.00		141.00	100.00
(b) Sale of Journals—Back copies ...	77.61	141.83	500.00	199.94	100.00
(c) Sale of Reprints of Articles ...	918.02	411.53		394.58	300.00
	1,180.16	684.36	500.00	735.52	500.00
7. Other Receipts :					
(a) Interest on Bank Deposit ...	1,280.06	331.03	400.00	833.75	1,000.00
(b) Miscellaneous Receipt ...	78.48	806.48	300.00	354.67	500.00
(c) Profit on sale of Machinery ...	—	90.00	—	—	—
	1,358.54	1,227.51	700.00	1,188.42	1,500.00
Excess of Expenditure over Income ...			29,500.00		
	3,59,607.61	3,59,323.70	3,99,000.00	3,85,600.48	4,29,000.00

JOURNAL OF THE INDIAN MEDICAL ASSOCIATION
23, Samavaya Mansions, Corporation Place, Calcutta 13
Budget Estimates for the year 1959-60
(October 1959—September 1960)

EXPENDITURE

	Actuals for 1956-57	Actuals for 1957-58	Budget for 1958-59	Actuals for 1958-59	Budget Estimates for 1959-60
1. Publication of Journal Expenses:					
(a) Paper consumed for Printing ...	1,22,615.15	1,20,227.02	1,60,500.00	1,56,988.64	1,55,000.00
(b) Printing Charges ...	64,160.67	59,962.92	69,000.00	68,211.40	81,000.00
(c) Blocks & Designs ...	3,853.56	2,867.13	4,000.00	3,033.50	4,500.00
(d) Binding & Wrapping ...	21,428.73	20,973.10	23,000.00	21,522.62	24,500.00
	2,12,058.11	2,04,030.17	2,56,500.00	2,49,756.16	2,65,000.00
2. Despatch of Journal Expenses:					
(a) Postage & Telegram ...	17,853.30	18,089.47	21,000.00	18,847.56	22,000.00
(b) Carriage & Freight ...	1,800.16	1,792.92	2,200.00	1,827.36	2,500.00
(c) Addressing Plates ...	471.09	575.14	800.00	842.70	1,500.00
	20,124.55	20,457.53	24,000.00	21,517.62	26,000.00
3. Office & Establishment Expenses:					
(a) Salary & Establishment ...	59,943.81	62,709.34	66,500.00	65,978.59	70,000.00
(b) Staff Provident Fund Contribution ...	2,921.52	3,231.21	3,800.00	3,299.34	4,000.00
(c) Stationery ...	2,601.92	2,663.70	3,300.00	2,372.27	3,300.00
(d) Printing Charges—General ...	—	—	—	712.75	1,000.00
(e) Conveyance Charges ...	239.04	331.70	500.00	389.88	600.00
(f) House Rent ...	1,500.00	1,500.00	4,000.00	1,500.00	6,000.00
(g) Godown Rent ...	1,620.42	580.00	1,000.00	195.84	500.00
(h) Insurance [Fire, Burglary, Cash in transit and Fidelity (1958-59)] ...	335.00	359.73	500.00	399.85	500.00
(i) Electric Charges ...	1,574.04	1,620.52	1,800.00	1,772.56	1,900.00
(j) Telephone Charges ...	570.99	1,030.44	1,200.00	966.86	1,200.00
(k) Uniform to Bearers ...	111.50	505.80	900.00	549.50	600.00
(l) Repairs & Renewals ...	706.69	2,087.21	2,300.00	1,001.92	2,000.00
(m) Tiffin for Staff ...	2,597.91	2,999.40	3,200.00	3,068.28	3,400.00
(n) General charges ...	965.13	1,591.00	1,600.00	1,436.61	2,000.00
(o) Legal Expenses ...	—	—	—	100.00	500.00
	75,748.57	81,300.97	90,500.00	83,744.25	1,06,500.00
4. Propaganda & Publicity Expenses:					
(a) Propaganda & Publicity ...	65.00	600.96	1,200.00	1,167.32	2,500.00
(b) Membership A.B.C. ...	—	—	—	—	225.00
(c) Entrance Fee A.B.C. ...	—	—	—	—	225.00
(d) Audit Fee A.B.C. ...	—	—	—	—	250.00
(e) Social & Entertainments ...	1,424.68	1,639.07	1,900.00	1,321.86	1,900.00
(f) Contribution to 'YOUR HEALTH' ...	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
(g) Travelling—Inland ...	196.84	321.00	900.00	171.40	600.00
	2,686.52	3,761.03	5,000.00	3,660.58	7,000.00
5. Educational Expenses:					
(a) Subscription to Newspapers & Periodicals	1,276.65	1,420.57	2,000.00	1,365.61	2,000.00
(b) Expenses for attending World Medical Editors' Conference & for visiting B.M.J. Office ...	—	—	—	—	7,000.00
	1,276.65	1,420.57	2,000.00	1,365.61	9,000.00
6. Honorarium to Auditors (Audit Fee) ...	450.00	500.00	800.00	700.00	800.00
Carried over ...	3,12,344.40	3,11,470.27	3,78,800.00	3,60,744.22	4,14,300.00

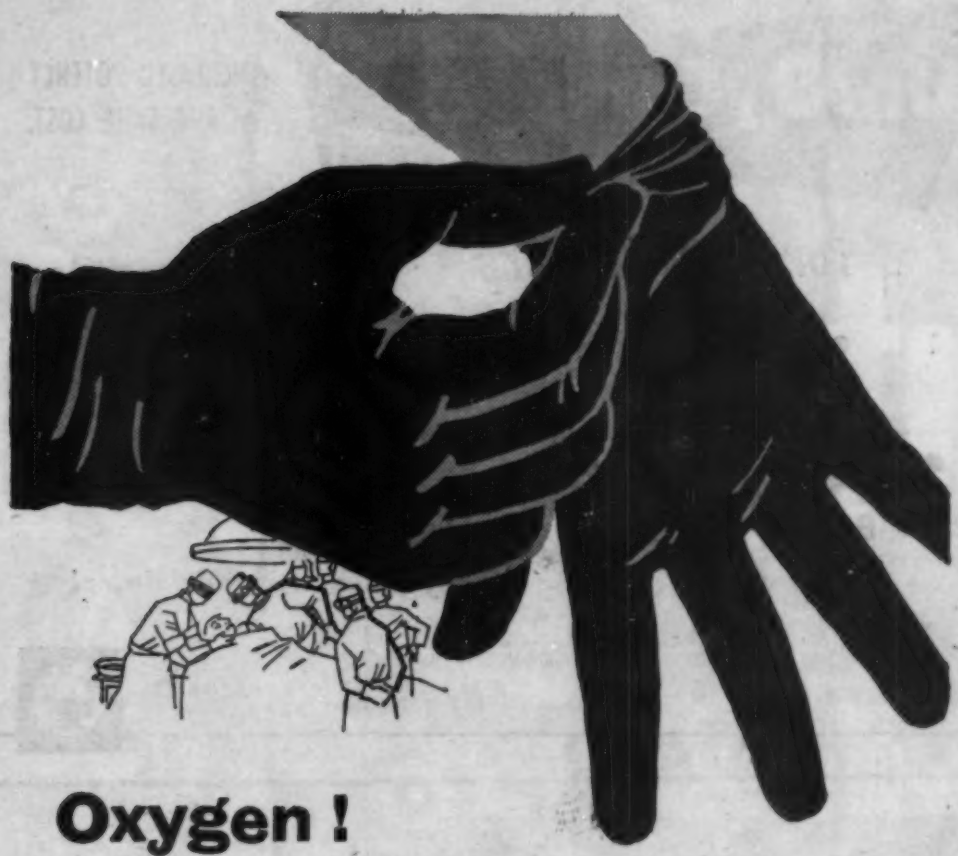
Budget Estimates—Contd.

EXPENDITURE

	Actuals for 1956-57	Actuals for 1957-58	Budget for 1958-59	Actuals for 1958-59	Budget Estimates for 1959-60
Brought forward ...	3,12,344.40	3,11,470.27	3,78,800.00	3,60,744.22	4,14,300.00
7. Conveyance Allowance or Honoraria to Office-bearers of Journal Department ...	—	—	—	—	—
8. Other Expenses :					
(a) Bank Charges ...	687.18	385.32	400.00	451.37	600.00
(b) Honorarium to Authors for special contribution ...	—	—	—	—	600.00
(c) Dead Stores (Paper) ...	584.92	182.16	300.00	214.92	300.00
	1,272.10	567.48	700.00	666.29	1,500.00
9. Bad Debts ...	—	—	1,000.00	—	3,700.00
10. Depreciation ...	2,931.00	3,020.51	3,500.00	3,290.42	3,500.00
11. Contribution to Building Fund of I.M.A. (Central Office) ...	—	5,000.00	15,000.00	15,000.00	5,000.00
12. Stock of Refresher Course ...	494.00	6,845.52	—	1,5[illegible]	1,500.00
	3,17,041.50	3,26,903.78	3,99,000.00	3,81,26[illegible]	4,29,500.00
Excess of Income over Expenditure ...	42,566.11	32,419.92	—	4,338.25	—
	3,59,607.61	3,59,323.70	3,99,000.00	3,85,600.48	4,29,500.00

BUDGET ESTIMATES—CAPITAL EXPENDITURE
for the Year 1959-60

Capital Expenditure	Actuals for 1956-57	Actuals for 1957-58	Actuals for 1958-59	Budget Estimates for 1958-59	Budget Estimates for 1959-60
(a) Purchase of machinery ...	1,368.00	6,569.05	nil	1,000.00	3,000.00
(b) „ of Furniture & Fittings ...	423.00	1,878.30	1,530.25	3,000.00	2,000.00
(c) „ of Cycle ...	37.00	181.65	nil	nil	nil
(d) „ of Books ...	1,452.41	894.94	1,045.33	3,000.00	2,000.00
	3,280.41	9,523.94	2,575.58	7,000.00	7,000.00



Oxygen !

Swiftly a mask is clapped on the patient's face and tired lungs breathe in deep draughts of the resuscitating gas. With a tired but happy sigh the surgeon peels off his gloves. The drama is over—another operation is successful—another life saved.

For twentyfive years Indian Oxygen have shouldered the responsibility for manufacturing and supplying medical and therapeutic gases. In addition, Indian Oxygen have provided the medical profession in India with modern gas therapy equipment and the service necessary for its maintenance.

INDIAN OXYGEN LIMITED

Twentyfive Years' Service

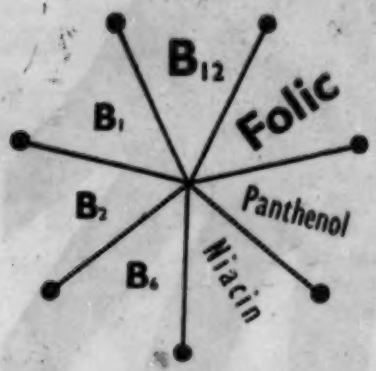
IOAX-98

Uni-B_{12} Complex

INCREASED POTENCY AT THE SAME COST.

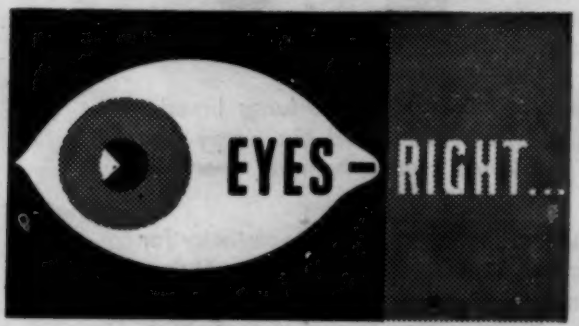
for all B factors

B_{12} enhanced to 100 mcg. & Folic Acid 7.5 mg. per ml.



No Allergic Reactions
Painless
Economical
Prompt Response
Symptomatic and Clinical

UNICHEM LABORATORIES BOMBAY 26.



with **COLLOSOL ARGENTUM**

Recently, attention has repeatedly been drawn to the apparently ever-increasing occurrence of resistance and complete insensitivity to penicillin. This resistance to penicillin is seen as frequently in the organisms responsible for ocular infections as in organisms responsible for infections elsewhere in the body. Also cases of contact dermatitis are by no means infrequent following the use of penicillin eye-drops.

Obviously, where there is a fulminating infection, the use of penicillin or some other suitable antibiotic is virtually obligatory, but in the commonly occurring milder ocular infections and for prophylaxis following trauma, etc., Collosol Argentum is completely satisfactory and will not expose the patient to the added danger of a contact dermatitis.

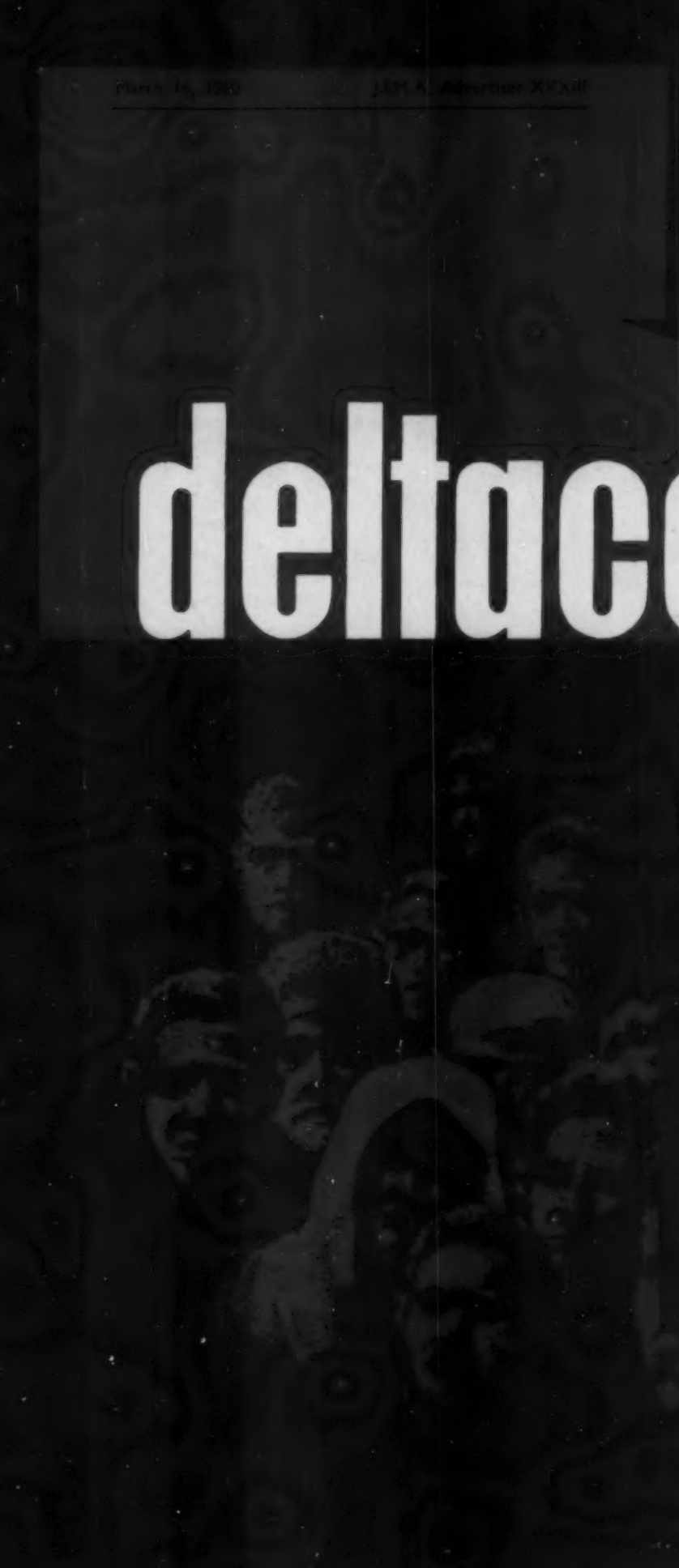
Collosol Argentum presents no storage problems as it does not require to be kept in a refrigerator. It remains stable and potent indefinitely.

Available in ½ *oz. bottles (with dropper)*

THE CROOKES LABORATORIES LIMITED
(Incorporated in England. The Liability of Members is Limited)
COURT HOUSE, CARNAC ROAD, BOMBAY-2

more complete therapy for more patients

deltacortril*



the safest...
most effective...
most valuable of the
proved Corticosteroids!

DELTACORTRIL provides:

Pfizer
Science for the world's well-being

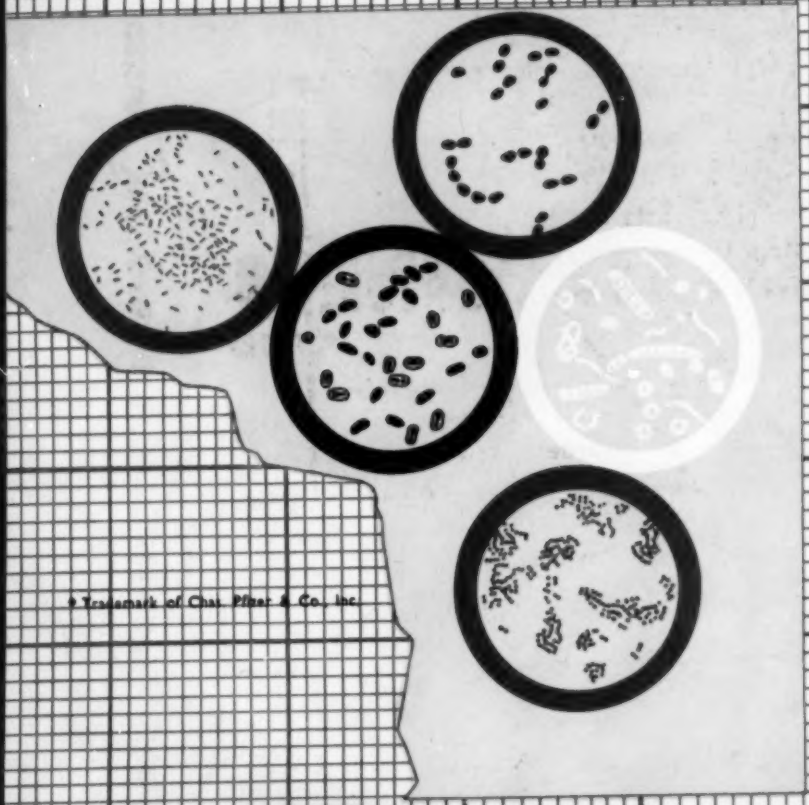
PFIZER CANADIAN CORPORATION
PFIZER CHEMICALS LIMITED

Of outstanding value
in general practice

When laboratory facilities
are not available
or when time is vital rely on

SYNERMYCIN

triacetyloleandomycin tetracycline



Because
SYNERMYCIN offers
Enhanced potency •
Wider antimicrobial range •
Improved tolerance •
Higher cure rate •
Faster recovery •

Supply: Capsules—250 mg.;
bottles of 8, 16 and 100

• Trademark of Chas. Pfizer & Co., Inc.

PFIZER EASTERN CORPORATION
New York, Panama & Brussels

Exclusive Distributors in India:
DUMEX PRIVATE LIMITED
Wavell House, Ballard Estate, Bombay 1

Pfizer Science for the world's well-being

NEVROVITAMINE 4

Adults

Synergistic combination of sedatives and restoratives for the treatment of all functional disorders; available in vials of 48 entero-coated tablets.

- **No Toxicity**
- **No Habit Formation**

For particulars please write to:

FRANCO INDIAN PHARMACEUTICALS PRIVATE LTD.

Bapna Ghar, Hornby Vellard, Bombay 1.

New oral diuretic-antihypertensive

Esidrex

Trade Mark

In oedema

Esidrex is the most active oral diuretic known. It is at least 10 times more potent than chlorothiazide.

In hypertension

Used alone or in combination with other antihypertensive drugs, Esidrex brings about effective lowering of blood pressure.

Minimum dietary salt restriction

Esidrex makes it possible to restore salt and dietary pleasure to the patient.

A product of CIBA research

CIBA

'ANTEPAR'

BRAND

PIPERAZINE

INTESTINAL OBSTRUCTION

PERFORATION

GENERAL DEBILITY

ASCARIASIS, one of the most common causes of debility throughout the world, and always accompanied by the risk of serious and sometimes fatal complications, is eradicated swiftly, safely, and efficiently, with 'ANTEPAR'

A single dose of 'ANTEPAR' clears the average roundworm burden in 24 hours. Expulsion is gentle and safe, with no danger of stimulating the ascarids to activity. No additional measures are necessary. And children love the delicious Elixir, and the flavoured Chewing Tablets. With these notable advantages, 'ANTEPAR' is today universally recognized as the drug of choice for routine large-scale control of ascariasis.

'Antepar' is the most effective anthelmintic, not only for the treatment of ascariasis, but also of enterobiasis (threadworm). For the treatment of threadworms, 'Antepar' is administered in a single daily dose, after breakfast, for 7 days.

PACKINGS

Elixir (500 mg. piperazine per fl. dr.): containers of 1, 4 & 16 fl. oz.
Chewing Tablets (500 mg. piperazine): containers of 8

Literature and prices on request.

BURROUGHS WELLCOME & CO. (INDIA) PRIVATE LTD.
P. O. BOX 290, BOMBAY-1

Introducing.....

LYMISOL

LIQUID

Each 5 ml. contains.

L-Lysine Monohydrochloride	..	0.3 g.
Pyridoxine Hydrochloride U.S.P.	..	5 mg.

In a flavoured non-syrupy base.

Indicated in :

Stunted growth, protein malnutrition for undernourished children anorexia, listlessness and geriatric convalescent patients etc.,

Available in bottles of 2 oz only.

STANOSIN

TABLETS

Sustained Tranquilizer, Analgesic and Neuromuscular-Spasmolytic included together.

Each tablet contains:

Salicylamide	..	0.5 g.
Reserpine U.S.P.	..	0.1 mg.
Mephenesin N.F.	..	0.2 g.

Available in the packings of 25, 100, 500 & 1,000 Tablets.

●

Detailed particulars on request from:

USAN LABORATORIES PRIVATE LIMITED.

13, DATTATRAY ROAD, SANTACRUZ WEST,

BOMBAY-54.

ERGACAP

(ERGOT-APIOL)

CAPSULES

for menstrual disorders.

In packing of 20 capsules.

●

DIMAZIN

(DIETHYL CARBAMAZINE CITRATE)

Tablets of Diethyl Carbamazine 50 mg.
Syrup each 30 ml.—Diethyl Carbamazine 900 mg.
For Filariasis, Ascariasis, Eosinophilia.
Available in packing of :—
Tablets—30, 100, 500.
Syrup—50 ml. & 100 ml. Bottle.

●

ENTEROPHENICOL

(CHLORAMPHENICAL)

CAPSULES

Sealed capsules in packing of :—
12, 100, & 1,000 capsules 250 mg. each

INTRODUCING

TOLBUTAMIDE

TABLETS

Oral Antidiabetic preparation.
Available in packing of 20 and 100 Tablets.

●

PROGEDIOL

For pregnancy test; Habitual Abortions; Also in Amenorrhea (Primary and Secondary) and Relative Infertility.

Packing—Box of 2 amps. & 50 amps. & 10 ml .Vials.

●

ZOLAMOX

(ACETOZOLAMIDE) TABLETS

Oral preparation for the treatment of Congestive Cardiac Failure, Epilepsy, Toxaemia of Pregnancy and Glaucaoma.

Packing of 10 and 50 Tablets.

FOR FURTHER LITERATURE WRITE TO :

MERCURY PHARMACEUTICAL INDUSTRIES

BOMBAY OFFICE:
17/19, LAXIMINARAYANA LANE, BOMBAY-19.
Phone: 20805.

LABORATORY:
BLOCKS 2 13 & 2/14, INDUSTRIAL ESTATE, BARODA-3.
Gram: ERGACAP

MILK FOR THE BABY

NO BETTER MILK THAN BREAST MILK
AND NO BETTER SUBSTITUTE THAN

LACTODEX

A HUMANIZED AND HOMOGENIZED

MILK - MALTOSE - DEXTRIN COMPOUND

- Contains protein & carbohydrate in the same proportions as breast milk
- Low in fat
- Easily digested & completely assimilated
- Prevents and checks diarrhoea
- Rich in growth promoting properties

PLEASANT IN TASTE
MAKES AN INVITING BEVERAGE FOR ADULT

Tins of 0.45 Kg.
(1 lb.)

Particulars from : RAPTAKOS, BRETT & CO., PRIVATE LTD., WORLI, BOMBAY

FER-CALZA TABLETS

OF IMMENSE VALUE IN PREGNANCY AND LACTATION

Each tablet represents :

Calcium Gluconate B.P.	0.2 g.
Calcium Phosphate B.P.	0.16 g.
Ferrous Gluconate U.S.P.	75 mg.
Cobalt Gluconate	2 mg.
Vitamin C B.P.	25 mg.
Vitamin D_2 B.P.	500 I.U.
Folic Acid B.P.	1 mg.

INDICATIONS :

Fer-Calza is of immense value in conditions such as pregnancy, during lactation, growth period, rickets, osteomalacia, microcytic and macrocytic anaemias, during convalescence etc.

Dose : 2 tablets twice or thrice a day or as advised by the Physician.

Packing : In bottles of 50, 100 and 500 tablets.

THE SANITEX CHEMICAL INDUSTRIES LTD.,
Industrial Road, Baroda 3.

AZMIN
BRAND TABLETS

Indicated in the treatment of Chronic Bronchitis, Bronchial and Cardiac Asthma.

ALKAVIT
BRAND

Di-Sodium Hydrogen Citrate with Vitamin C.

Indicated in Pyrexia and Febrile conditions due to Catarrh, Cold, Cough and Influenza: and also in infectious diseases e.g., Typhoid, Pneumonia, Pox etc.

SULFOSOL
BRAND

Sodium Sulphacetamide Drops in 15% & 30% Solutions.

Indicated in:— **Eyes—conjunctivitis; Blepharitis; Corneal ulcerations. Ears—Ottorrhoea; Furunculosis; Ulcerations; etc.**

Manufactured by:—

Alliance Trading Corporation Private Limited

15 SWINHOE LANE ● KASBA ● CALCUTTA-42.

SPEMAN

Controls Spermatorrhoea, Relieves Prostatic Obstruction

REFERENCES:

K. N. Gour, M.D., F.R.C.P.E., F.R.F.P.S.G., D.C.H. (Eng.), D.P.H., **and Sudhir Gupta,** B.Sc., M.B.,B.S., D.C.H., *Current Medical Practice,* 1959, 3, 135.

D. J. Jussawalla, M.S., F.R.C.S. (E), F.I.C.S., *Journal of the Indian Medical Profession,* 1956, 10, 964.

K. C. Sahu, M.B.,B.S., D.P.H. (Eng.), D.C.H. (Lond.), D.T.M. & H. (Liverpool), F.D.S. (Lond.), *The Medical Digest,* 1954, 9, 485.

S. N. Ranade, B.Sc., M.B.,B.S., D.D.V., F.C.P.S. **and G. K. Raje,** M.B.,B.S., D.D.V., *The Antiseptic,* 1958, 2, 111.

SPEMAN forte
(SPEMAN + SERPINA)

Resistant Spermatorrhoea, and Enlarged Prostate.

THE HIMALAYA DRUG CO., 251, Dr. D. Naoroji Road, Bombay 1 (India)

MILESTONE IN DERMATOLOGY

THE *First Oral* **GRISOVIN**

treatment for fungal infections of skin, hair and nails

GRISEOFULVIN is a Glaxo research development. In extensive trials conducted in Britain, the USA and Austria, griseofulvin, *given by mouth*, has demonstrated quite remarkable and consistent activity against dermatophyte infections of the skin, hair and nails. Infections even of many years' duration have made a striking response to this unique substance.

"A new era in the therapy of many of the common mycotic infections of the human skin, hair and nails may be at hand with the discovery of the almost unbelievable therapeutic effectiveness of the oral antibiotic, griseofulvin."

Milestones in Dermatology XXXIX Griseofulvin. *An Oral Antibiotic for the treatment of Many Common Fungous Infections of the Skin, Hair and Nails.* Excerpta Medica, 1959, 13 (Section XIII) 145.

Each Tablet contains 250 mg. griseofulvin.
In containers of 50.

GRISOVIN TABLETS

GLAXO LABORATORIES (INDIA) PRIVATE LTD.
Bombay • Calcutta • Madras • New Delhi
Depots: Gauhati • Vijayawada • Srinagar

GRISOVIN IS A GLAXO TRADE MARK

H. 29.

Agility of an Athlete

Insist on

ADCCO'S COMPOUND

THE BETTER TONIC

Happy growth of physical and mental health mainly depends on nourishing food and regular exercises and the non-availability of same tells upon your health. To arrest your ever-decreasing vitality, take the help of ADCCO'S COMPOUND. Regular use of this better tonic will make you energetic, healthy, smart and active as an athlete brimmed with creative energy.

ADCCO LIMITED
CALCUTTA-27

Palatable multivitamin therapy

RANVITOL

SYRUP

Each 30 ml. contains :

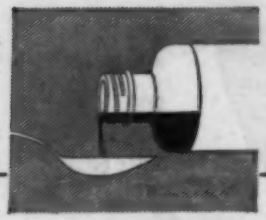
Vitamin A (as palmitate)	20,000 I. U.
Vitamin D_2 B. P.	6,000 I. U.
Vitamin B_1 B. P.	50 mg
Riboflavine B. P.	6 mg
Vitamin B_6 B. P. C.	3 mg
Panthenol	10 mg
Niacinamide B. P.	0.15 G
Choline dihydrogen citrate N. F.	75 mg
Methionine N. F.	30 mg
Inositol N. F.	15 mg
Vitamin C. B. P.	100 mg
Tocopheryl Acetate B. P. C.	5 mg
Syrupy base	q. s.

RANBAXY & CO. PRIVATE LIMITED P. Box. 104, NEW DELHI.
BRANCHES:- BOMBAY. CALCUTTA. DELHI. KANPUR. MADRAS.

Most Powerful
ANTI-ANAEMIC REMEDY..

HEPAFOLIN CIPLA

PARENTERAL



Now also available for **ORAL** *use...*

Containing Proteolysed Extracts of:-

LIVER, STOMACH *and* SPLEEN; VITAMIN B_{12}, B-COMPLEX & FOLIC ACID, COLLOIDAL IRON *and traces of* MOLYBDENUM, COPPER & COBALT.

EACH OUNCE CONTAINS:

Proteolysed whole extract derived from 40 G. of fresh liver.
Proteolysed whole extract derived from 6G. of fresh stomach.
Proteolysed whole extract derived from 3 G. of fresh spleen.

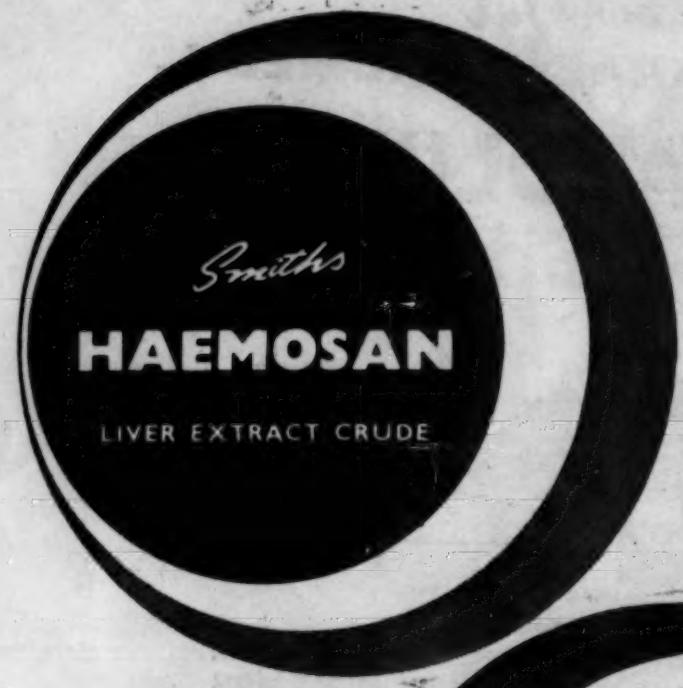
Vitamin B_{12}	... 10 mcg.	Coll. Sach. Iron Hydroxide (10% Iron)	2·5 c.c.
Folic Acid	... 2 mg		
Vitamin B_1	... 10 mg.	Cobalt Carbonate	... 2 mg.
Vitamin B_2	... 2 mg.	Copper Citrate	... 2 mg.
Vitamin B_6	... 2 mg.	Molybdenum Trioxide	2 mg.
Pantothenyl Alcohol	2 mg.	Alcohol	... 4 c.c.
Niacinamide	... 25 mg.	Sugar & Flavouring Agent	q.s.

HEPAFOLIN Oral is an ideal therapeutic agent in the oral treatment of all kinds of anæmia. It produces rapid hæmatopoietic response and establishes effective rehabilitation of the circulatory and alimentary systems. For quick results Hepafolin *parenteral* may be used and followed up with Hepafolin *Oral*.

PRODUCT OF Cipla BOMBAY-8.

LITERATURE SENT ON REQUEST.

Messrs. Advani Private Ltd.
3D, Garstin Place, Calcutta-1.



Restores blood
with virtually
no pain on injection.

Each c.c. contains the
natural active antianæmic
factors from 25 G.
of fresh liver, plus
Vitamin B_{12} B.P. . 2·0 mcg.

Benzyl Alcohol 1·5%
acts as analgesic agent

Packs :
Amps. of 2 c. c. x 50
Vials of 10 c. c.

Blood regeneration
is quick due to
increased B_{12} and
Folic Acid and injections
are virtually painless.

Each c. c. contains
the natural active
antianæmic factors from
25 G. of fresh liver, plus
Vitamin B_{12} B.P. . 25·0 mcg.
Folic Acid B.P. . . 5·0 mg.

Benzyl Alcohol 1·5%
acts as analgesic agent

Pack :
Vials of 10 c. c.

SMITH STANISTREET & COMPANY LIMITED
HEAD OFFICE, FACTORY & LABORATORIES : 18, CONVENT ROAD, CALCUTTA.

PSST 46

Rx

Jet Flight by

B·O·A·C

Comet 4

Take advantage of BOAC's ticket instalment plan—FLY NOW, PAY LATER!

BRITISH OVERSEAS AIRWAYS CORPORATION

A NOVEL APPROACH TO THE CHEMOTHERAPY OF TUBERCULOSIS

with

PHYTEBIN—272

(P-oxy-m-methoxy benzaldahyde—isonicotinoyl hydrazone)

A NEW NONTOXIC TUBERCULOSTATIC CHEMOTHERAPEUTICAL

widely used in the U.S.S.R., East Germany and Australia etc. Manufactured and Marketted in India for the first time

By

Phytosynth Laboratories

P. B. No. 65, COCHIN —2.

Syrup Alarex

(For Asthma)

As an ideal combination of reputed indigenous antispasmodic drugs, e.g. Kuth, Kantikari with ephedrine, aminophyllin etc., SYRUP ALAREX offers extraordinary relief in a large variety of Asthmatic conditions.

●

For literatures apply:—

Mendine Pharmaceutical Works,

36/B Alipore Road, Calcutta-27.

Medical Jurisprudence & Toxicology

(A text book for Practitioners and Students)

BY DR. M. A. KAMATH

Completely revised and brought up-to-date

The sixth edition of this popular book is making its appearance with considerable improvement. The matter has been completely revised and enlarged and brought up-to-date. New chapters on Toxicology and Sexology have been added.

APPRECIATION:

Written in easy non-pedantic Language. *N. Chandrasekara Iyer.*

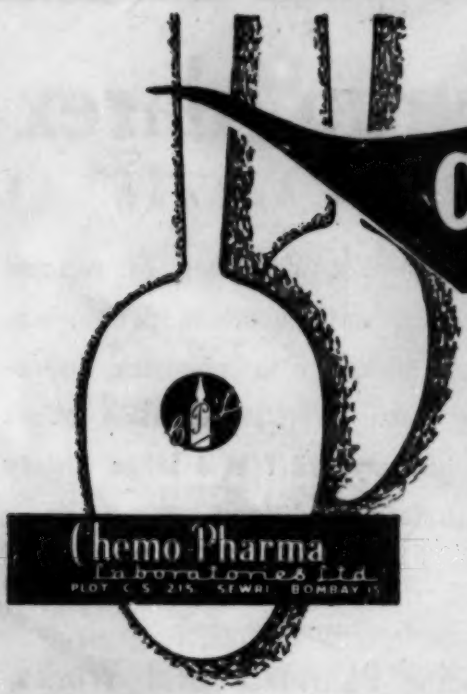
This is a very useful handbook and will be of great use to students and Practitioners. *Anti-Septic Madras.*

I consider it an excellent text book for Medical Students. *Capt. S. K. Bose M.B.*

Price Rs. 15 **Carriage extra.**

Pre-Pub. Rs. 12

Published by: **MADRAS LAW JOURNAL OFFICE, MADRAS - 4.**



syrup

CHEM-HEPAR

conquest of Anaemia

with FOLIC ACID & B_{12}

COMPOSITION

Each 28.4 c.c. (one fluid ounce) contains:

Proteolysed Liver Extract derived from 30 gm. of Fresh Raw Liver.

Vitamin B_1	B.P.	10 mg.
Vitamin B_2	B.P.	4 mg.
Niacinamide	B.P.	100 mg.
FOLIC ACID	B.P.	10 mg.
VITAMIN B_{12}	B.P.	35 mcg.
Flavoured Syrup Base		Q.S.

Packing: SYRUP CHEM-HEPAR with Folic Acid and Vitamin B_{12} is available in bottles of:

4 oz., 6 oz., and 1 lb.

HIND HIGH QUALITY THERMOMETER

MADE IN INDIA

by HIND THERMOMETERS, AMRITSAR

ELIXIR

EUGADINE

Concentrated Vit. A, B_1, C, D with Colloidal Iodine, Arsenic and Glycerophos

A palatable and pleasantly flavoured PICK-ME-UP & TONIC PARA EXCELLENCY. It increases appetite and is effective in pregnancy, pre-tuberculosis and convalescence. It can be used in all seasons and in cases where Cod Liver Oil is indicated.

Available in 12 oz. cartons.

Universal Drug House Private Ltd.,
10, Braunfeld Row, Calcutta - 27.

DOCTORS SAFELY RELY On HESANOL PILE Ointment For HAEMORRHOIDS

* ANAESTHETIC
* HAEMOSTATIC
* ASTRINGENT
* ANTIPHLOGESTIC
* NON IRRITANT

SOLD EVERYWHERE

MFG. BY V.M.JANI V.P.RD. BOMBAY4

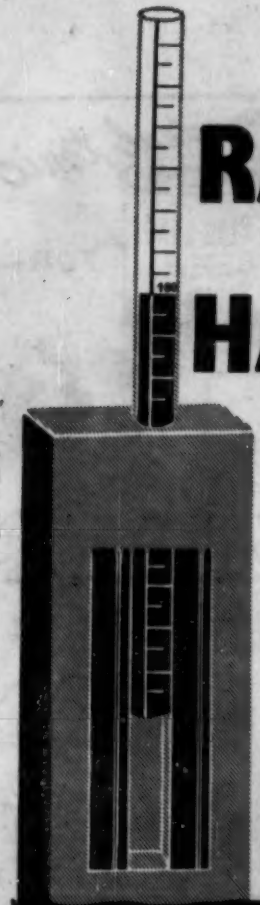
an ideal tonic

FOR...

...Young & Old

ALBO-SANG

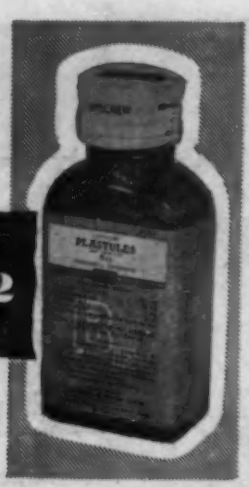
J. & J. DeChane
HYDERABAD-DN.



RAISING THE HAEMOGLOBIN LEVEL

Plastules B_{12} often raises the haemoglobin level by 7–10% in ONE week in Microcytic and Macrocytic Anaemias. In this comprehensive haematinic preparation, ferrous iron is combined with yeast, liver extract, folic acid and vitamin B_{12}, and presented in capsule form with the following advantages:

- Rapid dispersal and absorption
- Maximum utilisation
- Freedom from gastric irritation
- Tasteless administration
- Does not stain the teeth
- Freedom from constipation
- Economy in use



PLASTULES* B_{12}

HAEMATINIC COMPOUND

Wyeth

JOHN WYETH & BROTHER LIMITED, LONDON

(Incorporated in England with Limited Liability)

Indian Branch: Steelcrete House, Dinshaw Wacha Road, Bombay 1

*Trade Mark

J. 35

SOVANJ

- **Is the latest and unique effective therapy against systemic and local acute infective conditions without recourse to antibiotics and 'Sulpha' drugs.**
- **Has antimicrobic activity against Staph. aureus, Strepto. haemolyticus, Corynebacterium diphtheriae, N. gonorrhoea, N. meningitidis and Vibrio comma.**
- **Is prepared from an indigenous herb Sovanjon (Sajina).**
- **Experimental and clinical results prove its sure efficacy without any toxic manifestation.**

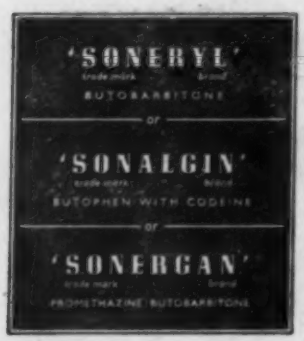
Manufactured in India by Messrs. R. V. Products, Calcutta.

For further particulars please write to :

M/s. ESSEM & CO., P-5, C.I.T. Road (Moulali Junc.)

CALCUTTA-14.

But for those who find sleep difficult, prescribe...



MANUFACTURED BY
MAY & BAKER LTD

when pain causes insomnia

for refractory cases of insomnia and also for pre- and post-operative sedation

DISTRIBUTORS: MAY & BAKER (INDIA) PRIVATE LTD • BOMBAY • CALCUTTA • GAUHATI • MADRAS • NEW DELHI

Printed by Sri Tarani Kanta Basu at Sri Gouranga Press Private Ltd., 5, Chintamani Das Lane, Calcutta-9 and published by him on behalf of the Indian Medical Association from 23, Samavaya Mansions, Corporation Place, Calcutta-13.
Editor—Dr. P. K. Guha, M.B., M.R.C.S. (Eng.), D.O.M.S. (Lond.)

POST OF EXECUTIVE OFFICER FOR THE CENTRAL OFFICE OF THE INDIAN MEDICAL ASSOCIATION AT DELHI

Reference the advertisement for post of an Executive Officer for the Central Office of the Indian Medical Association at Delhi, it is hereby announced that the post is open to doctors possessing qualifications registrable with any of the State Medical Councils in any of the schedules and further that the last date for receiving applications is extended to 31st March, 1960.

Your Health

An Illustrated Magazine Devoted to Health Education (for the public in general)

PUBLISHED MONTHLY

BY THE INDIAN MEDICAL ASSOCIATION

- Deals with rules of healthy living, prevention of diseases, diet and nutrition, maternal welfare, child care and topics of health in general.
- Presented in simple English to assist the common man in India towards "positive health."
- Printed on art paper and profusely illustrated.

YOUR HEALTH is an excellent advertising medium with all-India coverage.

Post-free subscription rates (from any month):—

FOREIGN	:	Rs. 10/- (1 yr.)	Rs. 16/- (2 yrs.)
INLAND	:	Rs. 8/- (1 yr.)	Rs. 12/- (2 yrs.)

Single Copy 75 nP.

Advertisement rates and other information from HONY. SECRETARY

YOUR HEALTH

23, Samavaya Mansions, Corporation Place

Calcutta 13 : India

REFRESHER COURSE FOR PRACTITIONERS

Published by the Journal of the Indian Medical Association

VOLUME 1 AND VOLUME 2 (REPRINTED) ARE NOW AVAILABLE AT Rs. 4.00 EACH

Acclaimed by the medical press and welcomed by medical men, the contributions in these volumes are by acknowledged specialists. The work is designed to be of help to the general practitioner in refreshing his memory of the accepted views and in bringing to his notice the latest advances in medical knowledge

Available only *from booksellers or direct from the stockists*

U. N. DHUR & SONS, LTD.

15, BANKIM CHATTERJEE STREET, CALCUTTA 12

Cover and Advertisement pages printed at the Venus Printing Works 52/7, Bipin Behari Ganguly Street, Calcutta-12.